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Page	Page	Page	Page
ORIGINAL LECTURES.	REPORTS OF HOSPITALS.	REVIEWS.	CORRESPONDENCE.
Lectures on the Physiology of the Cranial Nerves. Delivered in the College of Physicians and Surgeons. By John C. Dalton, Jr., M.D., Professor of Physiology and Microscopic Anatomy. Lecture VII. 171	NEW YORK HOSPITAL: Two Cases of Compound Fracture of the Clavicle 177	The Providence Journal (R. I.) and the N. Y. City Inspector's late Report, etc. . . 181	Puncture of the Capsule of the Hip-Joint, etc. 182
ORIGINAL COMMUNICATIONS.	UNIVERSITY MEDICAL COLLEGE: Concealed Testis removed from the Inguinal Canal; Lithotomy; Injection of Bladder for Chronic Cystitis 178	PROGRESS OF MEDICAL SCIENCE. Toxicology 182	MEDICAL NEWS. APPOINTMENTS 186 MARRIAGES 186 DEATHS 186 DISPENSARIES REPORT FOR FEB. METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK: MEDICAL DIARY OF THE WEEK. COMMUNICATIONS RECEIVED: SPECIAL NOTICES.
Description and Use of the Laryngoscope. By W. H. Church, M.D., Surgeon to Bellevue Hospital 173	EDITORIAL ARTICLES. What shall we read? 179 Comparative Prevalence of Phthisis Pulmonalis in different portions of the U.S. 180	REPORTS OF SOCIETIES. ACADEMY OF MEDICINE:	
Vomiting in Pregnancy, considered especially in regard to Etiology. By W. M. Turner, M.D., St. Petersburg, Va. . . . 175	THE WEEK: American Medical Association 180 Death of Dr. Horace W. Adams of Boston 180		
Poisoning by Infusion of Tansy. By John E. Pendleton, M.D., of Hartford, Ky. 177			

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Original Lectures.

LECTURES ON THE PHYSIOLOGY OF THE CRANIAL NERVES.

DELIVERED IN THE COLLEGE OF PHYSICIANS AND SURGEONS.

BY

JOHN C. DALTON, JR., M.D.,

PROFESSOR OF PHYSIOLOGY AND MICROSCOPIC ANATOMY.

LECTURE VII.

In the two last lectures, gentlemen, we studied the properties and functions of the two branches of the pneumogastric nerve, which are distributed to the pharynx and the larynx. We must remember, however, that at least an equally important distribution of this nerve is that to the lungs and stomach. I mentioned to you at the last lecture that after division of the pneumogastries the most remarkable and prominent symptom exhibited by the animal before death, is a diminution in frequency of the respiratory movements; and I also referred to a particular alteration of structure which takes place in the lungs, and which is to be seen on post-mortem examination, viz. a peculiar consolidation or hepatization of the pulmonary tissue. Now, the explanation of this structural alteration is partly to be sought for in the paralysis of the laryngeal muscles, which must necessarily take place when the pneumogastries are divided in the middle of the neck; since this necessarily includes a division of those fibres which go to form the recurrent laryngeal nerves. Consequently, the larynx being paralysed, the orifice of the glottis cannot be opened for the free admission of air, respiration necessarily becomes imperfect, and the blood is less fully arterialized than in the natural condition. All this would tend to produce stagnation of the pulmonary circulation. Besides this effect, however, there is undoubtedly also a direct influence exerted upon the lungs by division of the pneumogastric nerve. For the pneumogastric, though at first exclusively sensitive, becomes, after its inoculation with certain motor branches, a mixed nerve. In the lungs, accordingly, it is distributed both to the mucous membrane of these organs and to the layer of organic muscular fibres which is situated upon the exterior of the bronchial tubes. The result, then, of division of the pneumogastric nerves is, in the first place, a suspension of that sensitive impression which is conveyed from the lungs to the medulla oblongata, which results in the movements of respiration; and secondly, a direct paralysis of the muscular fibres of the lungs themselves. And undoubtedly the condition in which the lungs are found after death is partly owing to the muscular paralysis caused by division of the motor filaments of the nerve.

If we study the functions of the pneumogastric, on the other hand, as connected with the stomach, we find that here also the fibres of the nerve are distributed both to the mucous membrane and muscular coat of the organ. Consequently, after dividing the pneumogastric, we paralyse the sensibility of the gastric mucous membrane, and at the same time destroy the contractile power of the muscular coat. Now, it has been supposed that division of the pneumogastric nerve destroys hunger and thirst, and puts a stop to the secretion of gastric juice. This has been found, however, to be altogether a mistake. I have repeatedly seen dogs, in whom this operation had been performed, eat and drink with considerable avidity. It is also proved that the gastric juice continues to be secreted. But although the mucous membrane of the stomach still possesses the power of secreting the gastric juice, yet in point of fact digestion does not go on after the pneumogastries have been divided. For, in order that digestion may be accomplished, it is not only necessary that the gastric juice be secreted, but also that it be secreted in sufficient abundance and at the proper time when the food is introduced

into the stomach. The sensibility of the gastric mucous membrane being destroyed, the secretion of gastric juice will go on irrespective of the stimulus from the presence of food in the organ. Therefore, after division of the pneumogastric, an insufficient amount of gastric juice will be supplied, although its secretion will not be entirely suspended.

But another and equally important effect of this operation upon the stomach is, that its muscular coat is paralysed. The peristaltic action of the organ is thus suspended; and we already know how much the food depends for its complete digestion upon the peristaltic movements of the walls of the stomach. Practically, therefore, the division of the pneumogastric nerve on both sides suspends the digestive functions in the same degree that it interferes with the action of the lungs. But in each of these instances the effect of the operation is an indirect one, and due to the combined action of several causes. These are the most important points with regard to the functions and properties of the pneumogastric nerve and its various branches.

To-day, gentlemen, I shall terminate this division of the subject, by directing your attention to the last of the cranial nerves, in the order in which we have studied them, viz. the *spinal accessory*. This is a very remarkable nerve, both on account of its peculiar origin and connexions, and of the special character of the functions which belong to it. You will remember that the spinal accessory nerve derives its name from the peculiar fact that while the greater part of its filaments originate from the spinal cord, it yet passes into the cranial cavity, and there unites with other filaments coming from the medulla oblongata; so although in one sense it is a spinal nerve, yet in another sense it may be regarded as accessory to the cranial nerves. The origin and course of this nerve are as follows:—It arises by a number of delicate filaments from the side of the cervical portion of the spinal cord, between the anterior and posterior roots of the upper five or six cervical nerves. These filaments pass upwards, uniting successively with each other and forming a single bundle which enters the cranial cavity, by the foramen magnum, on the side of the medulla oblongata. In this situation it is joined by another set of filaments coming from the lateral region of the medulla oblongata itself. The nerve accordingly originates by two divisions, one coming from the spinal cord, the other from the medulla oblongata.

These two divisions pass together from within outwards, forming the trunk of the spinal accessory, and then leave the cranial cavity by the same canal which also gives passage to the glosso-pharyngeal nerve and the pneumogastric. Now the spinal accessory, after pursuing its course in this way, immediately after its emergence from the jugular canal divides into two very important branches, an internal and an external. The internal branch is also called the *anastomotic* branch; because it immediately joins the trunk of the pneumogastric, and thus forms an exceedingly important inoculation between the two nerves. The external or *muscular* branch of the spinal accessory passes directly from above downwards, and, in the upper part of the neck, separates into its principal divisions, which are distributed to the sterno-mastoid and trapezius muscles. Such is the anatomy of the spinal accessory nerve. In this freshly-dissected preparation you will see exhibited all the principal points of its origin and distribution.

Now, in regard to the properties and functions of this nerve. We will examine it for this purpose by the same method which we have adopted in the study of the other cranial nerves. What is the effect produced upon this nerve by mechanical irritation and division? There is no doubt whatever, in the first place, that the spinal accessory is a motor nerve. For if we irritate it near its origin, the irritation gives rise to a contraction of the muscles to which it is distributed, and more particularly to the sterno-mastoid and trapezius on the lateral and posterior regions of the neck. This result, however, only shows the properties of the nerve as regards its external or muscular

branch. In order to ascertain the character and functions of the internal or anastomotic branch, by which it is connected with the pneumogastric, recourse must be had to a different mode of investigation. We must divide all the different origins of the spinal accessory and ascertain in this way what properties, previously belonging to the pneumogastric, that nerve has lost in consequence of the destruction of the spinal accessory. For you see at once that this nerve is one of the most important sources of motor filaments for the pneumogastric. Now the operation of dividing the spinal accessory, as it was first practised, is a very difficult and dangerous one. This mode was, to open the space between the occiput and the atlas, and, by reaching the nerve in this situation, to divide it or its attachments. Of course in doing this operation a very deep and extensive wound was required; the cerebro-spinal fluid was allowed to escape; the membranes of the cord were injured, and there was always a considerable degree of hemorrhage. Very few satisfactory results, accordingly, were obtained from these experiments. Bernard, however, a few years ago, contrived a new method of destroying the spinal accessory, which has been much more successful than the other. This method consists in following the spinal accessory by dissection from without inwards, up to the situation of its anastomotic branch, when the trunk of the nerve is seized with a pair of forceps and torn away from its attachments. An incision is made immediately below and behind the external ear, in such a manner as to strike the muscular branch of the nerve, as it penetrates the sterno-mastoid muscle from below. Having reached this point, the dissection is continued, from without inwards and from below upwards, until near the external margin of the jugular canal. Then the nerve, as it emerges from this canal, is firmly grasped with the blades of a forceps, and a gentle but steady and continuous traction is made upon it in the direction of its fibres. Very soon, a peculiar crackling sensation is communicated to the hand holding the forceps, in consequence of the giving way of the fibres of origin of the nerve. The whole nerve then comes away in a long, slender, and tapering filament, having been drawn out from nearly the whole length of the cervical portion of the spinal cord.

I have done this operation several times in the manner just described; and although it is somewhat difficult to perform, it is much more successful in its results than the operation which was formerly in use. To-day I did this experiment upon a cat; and you see here the two slender filaments which were drawn away through the jugular canals. Now when the operation is successful, it is followed by a very peculiar and striking result. The pneumogastric nerve, which receives so important a branch of communication from the spinal accessory, still does not lose all its motor properties. The various organs to which the pneumogastric is distributed still possess the power of motion in general. But some of the *particular movements* which they could previously perform they have now lost the power to accomplish. The larynx, for example, is one of the most important organs to which the pneumogastric is distributed, and the movements of this organ are affected in a very peculiar way by division of the spinal accessory. The principal effect of the operation is an *entire and complete loss of voice*. The cat is one of the best animals to operate upon for this purpose, because the nerve yields with comparative readiness; whereas in the dog, the amount of fibrous tissue around it is so great, and its consistency so firm, that the trunk of the nerve usually breaks off, instead of coming away by the roots. This sometimes happens also in the cat, but less frequently than in the dog. The voice of the cat, besides, is peculiarly well adapted for experiment, since it is so strongly marked in character, and so easily excited. This is the animal upon which the operation was done to-day. We can see that the principal, or at least the most striking effect, here, as usual, is that the voice is lost. Now, how are we to explain this result of dividing the spinal accessory? This is an instance in which the distribution of

certain nervous filaments, which could never be traced by the scalpel of the anatomist, is made evident by the result of physiological experiment. We know that the pneumogastric nerve, while passing down the neck, contains motor filaments derived from various sources, and that some of these filaments pass to the muscles of the larynx. We also know that the muscles of the larynx take part both in the formation of the voice and in the movements of respiration. Now we could never distinguish by the scalpel the motor filaments of the pneumogastric which are derived from the spinal accessory, from those coming from the facial, the hypo-glossal, or the cervical spinal nerves; for they are so inextricably entangled that a mechanical dissection would be impossible. Experiment, however, shows that certain of these motor filaments come altogether from the spinal accessory. For, the spinal accessory alone being destroyed, and the other motor nerves being left entire, the larynx loses completely its vocal movements. Another remarkable circumstance in this respect is that, after the destruction or division of the spinal accessory, although the laryngeal muscles have lost the power of *closing* the glottis in such a way as to produce a vocal sound, they still retain the power of *opening* it, in order to accomplish the movements of respiration. The muscles of the larynx, therefore, have two offices to perform; one connected with respiration, the other with the voice. The nervous filaments, accordingly, which supply the larynx, come from different sources, corresponding with the two different functions which the organ is required to perform. This is a very fair illustration of a principle which was first laid down by Sir Charles Bell, viz. that whenever an organ receives its nervous filaments from two different sources, this arrangement is not intended to increase its activity in the performance of one function, but to *enable it to perform two distinct and different functions*. That is evidently the case here. The larynx having two different functions to perform, its muscles accordingly are supplied by different nervous filaments. Those coming from other motor nerves excite in it the movements of respiration, while those derived from the spinal accessory enable it to produce the voice.

But besides the internal or anastomotic branch of the spinal accessory, there is, as I have mentioned, an external or muscular branch. The relation of these two branches to each other is somewhat important. I have said that the spinal accessory has two different origins, one from the cervical portion of the spinal cord, and another from the lateral portion of the medulla oblongata. Now it is found that the fibres which come from the side of the medulla oblongata are exclusively destined to the formation of the internal or anastomotic branch of the nerve; whereas the filaments coming from the side of the spinal cord go to form its external or muscular branch. Consequently, we can separate by experiment these two portions of the nerve from each other. If we were to divide the cervical portion of the spinal accessory, leaving the medullary portion untouched, we should paralyse the sterno-mastoid and trapezius muscles, but we should not destroy the vocal movements of the larynx, because the pneumogastric would still retain all the motor filaments which it derives from the spinal accessory. Now this very thing happened to me no longer ago than to-day, in doing the operation for extraction of the spinal accessory nerve. If you attempt this operation, you will find that its principal difficulty is in taking a firm hold of the trunk of the nerve near enough to the point at which it emerges from the jugular canal. This situation is of course a very deep one, the nerves are encircled by a multitude of blood-vessels, and they also curl around each other in such a way that it requires some care to follow out the separate trunks and branches. Now, in doing the operation upon one of these animals to-day, I drew the nerve out on both sides, in the form of a long tapering filament, and supposed that I had secured the whole of its fibres, and that the effect of the operation would be complete. But on trying the animal afterwards, the vocal sounds were produced with a natural degree of intensity. I therefore con-

cluded that I had succeeded in extracting only the cervical portion of the nerve, leaving its internal or anastomotic portion in place. On making an examination afterwards, I found that such had really been the case. The cervical filaments of origin of the spinal accessory were gone on both sides, but those coming from the medulla oblongata remained uninjured.

Such are the characters and properties of the anastomotic branch of the spinal accessory. Now let us see what are the functions of the external or muscular branch; which is distributed to the sterno-mastoid and trapezius. The filaments of this branch are motor in their character; for if irritated in any part of their course by galvano-electricity, a convulsive action is produced in the muscles below. These muscles are supplied also by motor filaments from the anterior branches of the cervical nerves. Here, then, as in the case of the larynx, we have two sets of nerves supplying the same organs, and for a similar reason, viz. the performance of two different functions. One of these functions is the performance of the ordinary voluntary movements; the other function is connected with that of respiration. The nature of this second function of the nerve was supposed by Sir Charles Bell to be one of assistance to the respiratory movements. That is to say, he supposed the nerve to excite these muscles and bring them into play, in connexion with the other respiratory muscles, when the function of respiration required to be vigorously performed. He therefore called it an accessory nerve of respiration. It is found, however, that the effect of tearing out the whole of the spinal accessory nerve on both sides is somewhat different from what would be expected if Sir Charles Bell's opinion were the correct one. It is now believed, and I think with justice, that the action of the spinal accessory nerve, in every instance, is not an assistant, but an *antagonistic* action to respiration. That is certainly the case with regard to its influence upon the larynx; for the movement of inspiration cannot be performed at the same time with the exercise of the voice. The glottis is opened in inspiration, but it is closed in expiration while the vocal sound is produced. Hence these two functions, of the voice and of respiration, are incompatible with each other. In other words, those movements of the laryngeal muscles which act in the production of the voice, and which are presided over by the internal or anastomotic branch of the spinal accessory, are incompatible with the respiratory movements, which are provided for by filaments coming from other motor nerves. The same thing is the case with the sterno-mastoid and trapezius muscles. For there are certain movements of the voluntary muscles, which are incompatible with respiration; and one class of these movements are those belonging to steady and violent muscular efforts. Remember, if you please, what we instinctively do, when we are about to commence any prolonged muscular effort. The first thing is to take a long, full, deep inspiration, by which the chest is thoroughly expanded. Then the spinal column and all the movable portions of the skeleton are firmly fixed, for the purpose of giving the muscles, which we are to use, steady points of support for their action. This is the object which we seek to accomplish by the expansion of the chest. The ribs are raised and held in position by the intercostal muscles and the scaleni, and the head and neck are fixed by the steady contraction of the sterno-mastoid and trapezius muscles. Then, no further inspiration takes place while the muscular effort continues. This is the manner in which the external branch of the spinal accessory is thought to act in opposition to the process of respiration; not by assisting but by suspending the respiratory movements, in order to allow the performance of another function, with which the movements of respiration are, for the time, incompatible.

According to Velpeau, the surgeon should avoid giving chloroform to a person in a sitting position, or in an ill-ventilated apartment. He should give it uninterruptedly, and watch carefully the pulse and the respiration. Accidents, under these conditions, are rare.

Original Communications.

DESCRIPTION AND USE OF THE LARYNGOSCOPE.

BY W. HENRY CHURCH, M.D.,

SURGEON TO BELLEVUE HOSPITAL.

(Being a paper read before the Academy of Medicine, March 6, 1860.)

VISUAL EXAMINATION of the interior of the larynx is not by any means a novel conception. Robert Liston, in the fourth edition of his *Practical Surgery*, when upon the subject of inflammation, cedema, and ulceration about the epiglottis and entrance of the larynx, uses the following language: "The existence of this swelling may often be ascertained by a careful examination with the fingers; and a view of the parts may sometimes be obtained by means of a speculum—such a glass as is used by dentists, on a long stalk, previously dipped in hot water, introduced with its reflecting surface downwards, and carried well into the fauces." As this edition was published in 1846, his investigations must have been prior to that date. With that simple instrument and a strong sunlight he could undoubtedly see those parts, and the only matter of surprise is that such a man as Liston, having reached this point should have neglected to carry his investigations further. Another English physician, Garcia in 1855, published a paper demonstrating his *Observations on the Human Voice*. In describing his method he says, "It consists in placing a little mirror, fixed on a long handle suitably bent, in the throat of the patient experimented on, against the soft palate and uvula. The party ought to turn himself towards the sun, so that the luminous rays falling on the little mirror may be reflected on the larynx. If the observer experiments on himself, he ought, by means of a second mirror, to receive the rays of the sun and direct them on the mirror, which is placed against the uvula." He used the small mirror attached to the end of a flexible handle, as we do, and when experimenting upon himself employed a second mirror to concentrate the rays of the sun; whereas, had he made use of it in examining the patient, he would, probably, have recognised the advantages of such an arrangement.

All these investigations were allowed to sink into oblivion until the summer of 1857, when M. Turck, physician in chief to the Vienna General Hospital, during his service made some experiments with the laryngoscope, and in the year 1858 published several papers upon the subject. In the winter of 1857 and 1858, Czerniak, as he says himself, first began his laryngoscopical examinations, for the purpose of getting a clear understanding of the manner in which certain sounds were produced, called *gutturales veræ*, then to repeat and complete Garcia's physiological experiments. But he goes on to say that he very soon appreciated, on the employment of artificial light, all the advantages of the instrument which he has commenced to use.

So little confidence was placed in the instrument that when I first began the study many physicians pronounced it useless, or at all events very much overrated, and I must confess that my early efforts were fast impressing my mind with the same conviction, when one day I was enabled to recognise the epiglottis and some of the parts adjacent. This was something, but as yet I had discovered nothing that may not often be exposed to the eye unaided by instruments. Encouraged I continued my investigations with renewed confidence, until one clear bright morning when I succeeded in getting a very accurate view of all the parts at the entrance of the trachea, and from that time have steadily improved in the management of the instrument, the patient, and the sun's rays.

Before taking up the use of the instrument, permit me to refer briefly to the anatomy about the throat. The larynx, to which our attention will be given, is situated at

the forepart of the neck between the trachea and the tongue. It receives its supply of nerves principally from the pneumogastric (or par vagum), purely a nerve of sensation, from its origin, to the ganglion of the pneumogastric nerve. Immediately below this point it receives filaments from five motor nerves, the spinal accessory, facial, sublingual, and the anterior branches of the first and second cervical nerves. Among the most important branches are the two laryngeal nerves, the superior of which is the principal sensitive nerve of the larynx; its division, therefore, destroys sensibility in the mucous membrane, but paralyzes only one muscle, the crico-thyroid. The inferior laryngeal branch is given off just after the pneumogastric has entered the cavity of the chest. It curves round the subclavian artery on the right side, and the arch of the aorta on the left, to ascend in the groove between the trachea and œsophagus. It enters the larynx between the cricoid and posterior edge of the thyroid cartilages, to be distributed to all the muscles of that organ, with one exception. Exclusively muscular, its division is followed by paralysis of all the muscles of the larynx, with the single exception of the crico-thyroid, which, as you are aware, is supplied from the inferior laryngeal nerve. The cartilages of the larynx are the thyroid, cricoid, two arytenoid, and the epiglottis. To these are attached the eight muscles of that organ. The five larger are the muscles of the chordæ vocales, the crico-thyroid, crico-arytenoideus posticus, crico-arytenoideus lateralis, thyro-arytenoideus, and the arytenoideus. The crico-thyroid and arytenoid muscles are contractors of the rima glottidis; the crico-arytenoidei postici and laterales being dilators of the same part. I hold in my hand a drawing which represents a tongue, larynx, and part of the trachea. The larynx and trachea have been laid open by a longitudinal incision along their posterior walls, the edges of the incised parts being separated, so as to expose the internal structures. Beginning at the epiglottis above, we follow its posterior surface until we reach the cavity of the larynx, where may be seen represented the superior or false vocal chords, immediately below this point the ventricle of the larynx, and then we reach the chordæ vocales proper, and rima glottidis.

From the point where the mirror is introduced into the posterior part of the pharynx to the upper edge of the epiglottis is quite one inch—from the latter point to the vocal chord is one inch and a half more, and I feel confident that I have seen and recognised the rings of the trachea three inches beyond the rima glottidis—in all a distance of five inches and a half, which must be nearly, if not quite, down to a point opposite the upper border of the sternum. At all events, is not this far enough for all practical purposes?

We will now take up the use of the laryngoscope. In Czermak's original instrument the reflector is so constructed that it may be supported between the teeth, and here is the little mirror that reveals to the eye parts in our economy that never have been seen, before its use, in the human subject whilst living. If the sunlight is to be used, you place the patient with his or her back towards that luminary, then seat yourself opposite, so that the face may be brought within a foot of the patient's. Being thus arranged you are prepared to begin the operation. Placing the handle of the reflector between your teeth, so fix the head as to concentrate the rays of the sun, and throw them into the posterior part of the throat, as boys with the sun-glass concentrate them on one point to create heat. I have frequently been obliged to desist for a few moments, owing to the intense heat which it caused in the posterior part of the pharynx. This first manipulation is important, and requires practice, in order that you may secure the full intensity of the light. Having placed the mirror in hot water, wipe it next with the left hand, introduce a spatula and depress the tongue gently but firmly, and then with the right hand you introduce the mirror behind, to the side, or in front of the palate, just as you find it most convenient to bring into view the parts that you wish to see. The first

modification of the mirror that I noticed was supporting it upon a frame similar to those used for spectacles; and here is one arranged by Tiemann & Co., of this city. They have attached a handle to the reflector by means of the ball-and-socket joint, and to this handle is fastened an elastic band which will encircle the head, and support the reflector in front of the eye, enabling you to place it as you find most advantageous. Here also is a glass mirror which they have just finished. While using the instrument to make local applications, I found that giving the spatula to an assistant to depress the tongue caused much embarrassment. It occurred to me that a spatula might be so arranged as to fasten upon the lower jaw and retain itself in situ, at the same time depressing the tongue. I described my wishes to Mr. Stuhlmann of the firm of Tiemann & Co., who furnished me with this instrument. A piece of hard rubber or



metal is shaped like the lower jaw, from which an arm with a hinge joint runs up to the level of the teeth; to this is attached a spatula. After introducing the spatula into the mouth, you turn this screw, which depresses it, forcing the tongue downwards and forwards; with this the mouth may be opened and shut without the slightest inconvenience or displacement of the instrument.

You can readily imagine that it requires patience and practice to use an instrument where you are obliged, at the same moment, to manage the rays of the sun, two reflectors, your own head, eyes, and hands, as well as the patient's head and throat—but that it can be done I believe. There must be medical gentlemen here present who will testify to having seen the vocal chords and rima glottidis in more than one patient. In these patients I distinctly saw the two arytenoid cartilages as they came together in articulation, and at the same moment the vocal chords could be seen as they were approximated and separated in pronouncing *eh* and *ah*. In one I also discovered a small point of ulceration on the inner surface of the right arytenoid cartilage, and in this plate are represented the same parts as they appeared after recovery. That it is not an imagination of my own is apparent from my asking Dr. John W. Greene, one of the attending physicians of Bellevue Hospital, why he represented that slight depression in his drawing? He answered that it was as he saw it, and then I remembered that there was the point of ulceration. At the next examination those parts appeared healthy. The following condition of other parts in the throat could be easily recognised; the patient at the time suffering from constitutional syphilis, the epiglottis was contracted, thickened, and ulceration had appeared upon its edges, with all the tissues of the larynx

and adjacent parts of the pharynx assuming the characteristic appearance of the disease.

Dr. Dalton, in his Human Physiology, says that "The general sensibility of the œsophagus is very slight, as compared with that of the integuments, or even of the mucous membrane near the exterior." I have been surprised to find how little irritation the introduction of the mirror causes. There is no necessity for irritating the throat, or giving pain to the patient. Do not hurry, do not be rough; if the throat resists wait patiently until it gets confidence and finds that you mean no harm, when it will be quiet and patient. The first advantage to be derived from the use of the instrument is the power to bring the diseased parts of the throat directly before the eye, enabling us to determine with certainty their location and extent. The second, and almost as important, is the ability to satisfy ourselves that the disease has not attacked certain parts, where heretofore, I doubt not, we have often employed local treatment when actually no disease did exist. Thirdly, to ascertain that all the parts about the larynx are restored to a healthy condition, more important to public speakers and singers, enabling them to determine when they may with safety return to their usual avocations; and fourthly, the advantage of seeing the parts to which we make local applications must be too apparent to the mind of every member of our profession to require comment. Almost the first patient that I treated was a girl about sixteen years of age, who for the last three winters had suffered with soreness of the throat, during the whole winter up to the warm weather of May, before she would get relief—each winter for from three to four weeks, she lost her voice. This winter the aphonia again returned, during the existence of which I made the first examination of her throat, and found all the parts at the base of the tongue in a hyperemic condition, red, and very much swollen with inflammation and œdema of the aryteno-epiglottidean folds of mucous membrane; which inflammation extended to, and involved the superior vocal chords; the bright and shining appearance of the true vocal chords was lost, and they appeared as if enveloped in a cloud or haze. Having saturated a large pencil of camel's hair with a solution of tannin in glycerine, I passed it over the epiglottis and held it for a moment upon the entrance of the glottis, thence sweeping it all about the base of the tongue. The next day she expressed herself as being very much relieved, and could speak loud enough to be heard across a large room. Three days later, the swelling at base of the tongue subsided, inflammation in the larynx diminished, and the surface of the trachea beyond the vocal chords was covered with healthy pus. Tinct. of iodine applied to the same parts, in the same manner as the previous application. Next morning the voice was perfectly restored, and the throat more comfortable than it had been for a long time. Twelve days after the last examination, although the patient did not complain of the throat, there was still inflammation at the base of the tongue and along the aryteno-epiglottidean folds of mucous membrane. Having saturated the smallest camel's hair pencil with a solution of nit. of silver, I for the first time introduced it, guided by the laryngoscope, when I could distinctly see the pencil as it passed along the base of the tongue, between it and the epiglottis, thence along the mucous membrane from the epiglottis to the arytenoid cartilage, leaving a white mark in its track.

That patient is now perfectly well.

Another lady, twenty years since, while tending her children, sick with scarlet fever, contracted a severe inflammation of the throat, which has continued to trouble her more or less since that time. Although robust and apparently healthy, her vital energies are evidently below par, suffering from nervousness, depression, loss of energy, sleeplessness, loss of appetite, and a tired feeling at the front part of the throat, in the region of the os hyoides. Looking into the throat, the pharynx, as far as it can be seen, appears perfectly healthy. Upon using the laryngoscope, the follicles at the base of the tongue can be seen enlarged,

and all the glands of the same part are hypertrophied, evidently the result of long standing inflammation; the extremity of the epiglottis curved towards the base of the tongue, having the appearance of being so deformed by contraction of the frenum. The larynx appeared perfectly healthy. Applied the tannin and glycerine to the diseased parts. At the next visit the patient said she had slept better, felt better, and for the first time in some years had moisture upon her surface, which heretofore had been uncomfortably dry and parched. This patient is still improving, although not yet well.

I will refer to a few points in the history of two or three other patients, which may possess some interest. In a person suffering from phthisis pulmonalis, with ulceration upon the left vocal chord, I passed the long curved point of a syringe down until it could be seen at the entrance of the larynx, then injected into the glottis about ten drops of a five-grain solution of nitrate of silver, which excited the same irritation that the entrance of any fluid into the air-passage causes; this was soon relieved, and the patient says he has suffered less pain in swallowing, and is much more comfortable. At the next examination, the ulceration upon the vocal chord had disappeared.

In another case of consumption, with aphonia, I found a vegetation the size of a pea at the base of the epiglottis, between two folds of the arytenoid membrane. Nothing more was found that could account for the loss of voice.

When we can discover any method by which disease may be brought under the immediate supervision of the eye, we accomplish just so much towards bringing our profession to an exact science; and here is a new field opened to our view through the laryngoscope, made practical by Prof. Czermak, now of Prague, in Bohemia; yet, so far as I can learn, it is not purely an invention of his own, but like almost all useful mechanical improvements, must drag through a stage of probation until at last taken up by the man created for it, who carries it suddenly to perfection—so suddenly, that half the world looks on with incredulity, whilst the other half waits patiently for results. Although the instrument is not yet perfect, in all our improvements we can but play the part of satellites to make more brilliant the brightness of his star: he has passed through the trials and tribulations successfully—let him reap the just reward.

VOMITING IN PREGNANCY:

CONSIDERED ESPECIALLY IN REGARD TO ETIOLOGY.

By WM. MASON TURNER, M.D.,

PETERSBURG, VA.

MORNING-SICKNESS is a troublesome affection—one I have often observed and studied, though my practice does not date back as far as that of some senior physicians. Before and since, however, I received my diploma in 1858, I have been much interested in tracing the disorder to its cause, and therefrom deducing some rational mode of treatment. My observations, thus far, have been made in American hospitals, French hospitals (and where are better opportunities?), and in private practice in this city. Several etiologies have been advanced by different writers for morning-sickness—most of them have the general basis—*sympathy*: that is—that the womb being in a certain condition (enlarged) the stomach is sympathetically affected through the medium of the nerves—hence the vomiting. This is put in a very few words. Dr. Hodge, if I mistake not, holds this opinion; in other words, I understand him to mean, that unless the uterus was in its pregnant condition, this mysterious, sympathetic action could not be exerted on the stomach, and we could have no vomiting. What would bear out this reasoning is, that in the unimpregnated female morning-sickness is not present. This may be said to be the fact, generally speaking. I have advanced this gratuitously, for all who give as a reason for morning-sickness—*sympathy*. If I do not err, Dr. Meigs,

who, the oracle of midwifery, as I esteem him, entertains the same views—views to which I most sincerely subscribe, restricting myself to a *different explanation* as regards the *wherefore*. The following are Dr. Meigs's own words: "The reproductive organs have a direct connexion with the cerebro-spinal and the ganglionic system of innervations. There is, therefore, no part nor parcel of the economy, into relation with which it cannot, under certain states of health, be brought; they are among the most powerful disturbers of the complacency of the organisms. They constitute an *imperium in imperio*, whose behests are not to be disobeyed. These organs can disturb the brain, the respiration, the digestion, the circulation, the secretions, the nutrition."

Judging from this passage, I should most assuredly think, Dr. Meigs ascribes morning-nausea and vomiting to sympathy of the stomach with the uterus. This then is the broad basis of the explanation of the affection which heads this article, as advanced by two of the most learned obstetricians on the American continent. The French accoucheur, M. Cazeaux, is the most emphatic of all in regard to *cause*—that is, at one time, and under certain circumstances alone can be account for it—that one time is in advanced gestation, when "*on peut les attribuer (the vomitings) avec quelque raison à la pression à la gêne toute mécanique que l'utérus, dont le fond s'élève jusque dans la région épigastrique, exerce sur l'estomac; mais (he goes on to state) dans les premiers jours de la grossesse, ils sont beaucoup plus difficiles à expliquer.*" We see then, at a glance, M. Cazeaux's ideas, and such is the state of knowledge shown by three of the most renowned obstetricians in the world. But of late an addition has been made to this stock of information, and another explanation been given, which the *advancer* of it thinks set all doubt for ever at rest. He has found the true *casus*, and speaks confidently in the premises. The authority is high and good, however, and we must give Dr. Inman credit for the *plausibility* at least, of his *theory*—it is nothing more, and an extremely vague one at that, I think. The Dr., in the *British Medical Review*, of March 24th, 1860, in regard to the cause of morning-sickness, says: "As the symptom in question does not occur in perfectly healthy and strong women, we infer that its occurrence depends upon some deterioration of vital power. As deterioration of vital power involves a greater or less deterioration in all organs of the body, we infer that in the cases in question there is deficiency of vital power in the brain and in the stomach." I object to this explanation almost in *toto* —unless Dr. Inman refers, by the expression, "deficiency of vital power in the brain," to a *temporary* deficit. This paper, therefore, is written more with an aim to the refutation of the ground held by Dr. Inman, than with any idea to press anything as original, respecting the etiology of morning-sickness. Before proceeding to my objections, which, by-the-by, can be stated almost in a breath, I will notice one or two collateral points in regard to pregnancy vomitings. At one time it was seriously, and for a long period strongly, contended that *albuminuria* was the occasion of the sickness. But that opinion is negated by the fact that *most* vomiting is seen in the *earlier* stages of gestation, whereas *albuminuria* is only detected in the *latter* stages. *Epidemic influence* has also been advanced as a cause, but without sufficient experimental proof for a foundation, as has been admitted. It has been observed, by Bennett, of England, I believe, that in many cases of vomiting in pregnancy, he has found, on specular examination, ulcerations of the womb, its neck, or elsewhere; hence, by what train of deduction I know not, he attributes the nausea to the ulcerated condition of the uterus. Bennett even goes so far as to say, "Since my attention has been fixed on this point, I *most always find* ulcerations of the neck (of the womb) in these cases (rebellious) of vomiting." Again, he is "persuaded that inflammatory conditions of the neck of the uterus are the causes of those diseases of the *heart* which often carry women to the gates of death." I simply give this latter quotation *en passant*. I

readily infer from my first quotation that Dr. Bennett gives as a cause for morning-sickness, *inflammation of the neck of the uterus*. But how many cases are there of ulcerated and inflammatory conditions of the womb in which we have no vomiting? For instance, in all leucorrhœas—in prolapsus, anteversion, or retroflexion—in cases of badly-fitting pessary—in all of which we find not only inflamed and ulcerated conditions of the womb, but sometimes, nay often, actual sloughing away of parts near the os. I have seen these conditions existing, even among maidens of sixteen and eighteen years—yet nowhere was morning-sickness present. Under certain circumstances, however, I readily see how all of this may happen, as I will hereafter state. Cazeaux says he has witnessed obstinate morning-sickness among girls at each periodical menstrual recurrence. He does not, however, pretend especially to account for it, simply referring to it as being a case similar in result to pregnancy, these manifestly depending on a peculiar condition of the womb. Another singular fact, but none the less true, mentioned by M. Cazeaux, is, that very often we find women who never suffered with morning-sickness during their first pregnancies at all, suffering very much the fifth, sixth, or seventh. This, and what I have stated above in regard to the menstrual flow, ulceration, etc., I think applicable in a measure. I will refer to it anon. Mr. Inman says substantially that morning sickness is not a *natural affection*; he also says that we observe it oftener among *city* females than among women of the rural districts—his remark being that "it is rare among the healthiest of the rural plantations." I contend that the disorder is a most *natural* affection. My reasons will be seen when I come to the *cause*; and when we do not find morning sickness, which I willingly admit often to be the case—it is due to one or more of these circumstances—(1) to *smallness of fetus*; (2) to *excessive capacity*, as regards abdominal, uterine, and pelvic region; and (3) to *non-susceptibility*. When the fetus is too small to give enlargement to the womb, and when the abdominal and pelvic spaces are naturally large—in either of which cases there is little or no *pressure on blood-vessels*—then, I argue, we will not find vomiting as an attendant symptom on pregnancy. In some cases, also, there might be a sluggishness, a decided unsusceptibility as regards the brain, stomach, and other viscera. In such cases there is no general sympathy, no vomiting. We find this true in regard to some persons who go to sea. In such cases, the sluggishness amounts to an *inactivity*, which is synonymous with *unhealthy*—the very condition in which Dr. Inman finds most cases which differ from nausea and vomiting in pregnancy. In combating the doctor's idea as regards town and country women, I can instance a single illustration, which I am persuaded completely overwhelms his position, in regard to the *vital-force-deterioration* theory. I have visited many plantations in the South, "far removed from the bustle of city life," and though I *fail, ridiculously*, perhaps, I have seen many pregnant negro women on those plantations. With *scarcely an exception, morning sickness was present*. So true is this, as I and all know who live in a slave state, that the uneducated blacks esteem this *green sickness* as their most infallible sign as to pregnancy, their only other sign being the stoppage of the menses, and of course enlargement. Yet so far as vital force is concerned, I am convinced that the hard-working, hearty, and robust negress, will compare most favorably with the languishing lady of the city. I have seen Irish women, healthy, strong, and active, who suffered so much from morning sickness, that they applied to the surgeon at the clinic for medical treatment. Their vital force, their otherwise healthy organisms, could not be questioned. If, as I have before remarked, Dr. Inman refers to a *temporary* deficiency of vital force, then I agree with him; but I do not think he means this, for his own words lead us to understand him as saying, *unhealthy* or *city*, or delicate women suffer most; those who are healthiest, in rural plantations, who have most vital force (and less vital deterioration), suffer least.

This brings me to what I very humbly, yet fully, believe to be the correct cause—as the only cause which will reasonably explain the phenomena which are incidental to pregnancy, as regards morning sickness. The ultimate and prime cause of this vomiting is, in my opinion, the *pressure exercised on the blood-vessels by the gravid uterus*. Irregularity of circulation is thus increased. We find oedema of the lower extremities, proving this fact. Why should not the upper portion of the body suffer likewise from the same cause? The brain, for example, *must in a measure be improperly emptied and badly irrigated*. Its function is disordered—hence the derangement of stomach through sympathetic media. This seems to me to be rational at least, for by it can be explained all cases of morning sickness, and all absence of it. *Pressure on the blood-vessels*, I consider, then, the *prime cause of vomiting in pregnancy*. We know that the womb, by pressure on the vena cava descendens, does create an oedema of the lower extremities; also, we have neuralgia produced by the pressure of same organs, on the nerves, sacral plexus, &c. It is very natural that the sickness should be so decided in the morning, for the recumbent posture is eminently favorable for bringing about the pressure as mentioned. The feeling of nausea passes away as the patient stirs about, and as the circulation becomes improved and more general. In some cases where there is extreme pelvic and abdominal contraction or *narrowness*, as I conceive it—when the pressure is more or less constantly exercised—then we have a persistency in the vomitings. So, on the contrary, where there is excess in abdominal and pelvic capacity, or where the fœtus is small, there is not pressure in either case, and *par consequens*, no vomiting. These statements can be verified, and are verified, by our own experience. So far as regards the nausea which is present in ulcerated conditions of the neck of the uterus, at menstrual periods, and in malpositions generally, I think all can be satisfactorily explained by my hypothesis of *pressure*; for in most of these cases we find the womb—sometimes incredibly—engorged and enlarged. I recollect a case in Velpeau's ward in La Charité Hospital. The woman suffered very much; had violent pain in lumbar region, and excessive vomitings all the time. Yet by causing that woman to lie on her belly, with the pelvis raised above the level of the head, I have seen the most excruciating neuralgia, and the most obstinate vomitings, relieved as if by magic. The woman had a retroflexion, and great enlargement of the uterus, and I attribute the relief she experienced to the *removal of pressure*.

I advance these views, of course, founded chiefly on a hypothetical basis. In my own mind I am convinced it is a basis for sound judgment. This entire article was first suggested by Dr. Inman's idea of "*deterioration of vital force*," which did not strike me very favorably. What I have written, has been done with one sole aim: to endeavor to throw *some* light on a topic which has for years interested medical men. My mite is humbly offered to the treasury of that PROFESSION I DEEM THE NOBLEST IN THE LAND.

POISONING BY INFUSION OF TANSY.

BY JOHN E. PENDLETON, M.D.,

OF HARTFORD, KENTUCKY.

On the 27th of December last I was called to see a negro servant girl, æt. 21, the property of Mrs. T. When I arrived, only a few moments after the summons, I found her sitting upon a chair apparently without concern.

Upon inquiry as to the cause of the alarm, I was informed that she had started on a visit to a neighbor's with a chair on her shoulders, that she had used language unnatural to her, had resisted entreaty to return to the house, and had just been forcibly brought home. The pulse was slightly increased in volume, but a little slower than natural. Tongue not altered, secretions healthy, and skin moist. Upon questioning her, I detected an indifference to my

interrogatories and incoherences in her replies to the point inquired after. Respiration, fourteen to the minute, with some labor of the respiratory muscles. Pupils contracted, with a duskiess of the countenance. The features seemed fixed, giving to the physiognomy an expression of deep solemnity. Surface below its normal temperature, still cooler towards the extremities. The abdomen was enlarged as high as the umbilicus, which proved, upon auscultation, to be the result of pregnancy.

Prescribed magnesie sulph. ʒj., to be followed in three hours by an enema; to be placed in bed with ice to the head. Four hours later, found her perfectly comatose, pulse beating sixty to the minute, with a peculiar measured beat. General paralysis of all voluntary motion including the muscles of deglutition. Breathing, twelve to the minute, a cold clammy perspiration covered the surface, mucus had collected in the larynx and fauces which very much disturbed respiration. I was now informed that two hours previous to my first visit, the girl had taken a large quantity of strong decoction of tansy, for the purpose of procuring abortion, which fact had been faithfully kept in the possession of a negress who was her confidante. About that time, the patient began to vomit, which I assisted as much as possible by the introduction of ipecac and tepid water into the stomach. The green aromatic tea was ejected copiously, containing bits of the leaves large enough to have designated, without additional testimony, the offending agent, which were readily recognised and identified by non-professional persons present. But it was too late, a sufficient quantity of the poisonous principle of the herb was already floating in the life current. She died twenty-six hours after taking the fatal draught. The heart continued its measured beat to the last, becoming slower and slower, until it ceased to pulsate altogether. Stimulants, brandy, quinia, and ammonia, were employed without producing the slightest observable alteration in the circulation.

The womb remained perfectly quiet, no evidence of contractile movement was exhibited at any time after the first four hours, and if any occurred at any time at all, it effected no change in the os uteri. Nor was there any spasmodic or convulsive movement of the body through the whole progress of the case, as has been observed in cases of poison by the volatile oil of the drug. Its physiological action was first expressed upon that portion of the nervous system which presides over the intellectual faculties. Secondly, upon the posterior division of the spinal neurotic mass. Thirdly, upon the centres of voluntary motion, terminating its narcotic invasion in the medulla. I do not remember to have observed recorded any case of fatal poisoning by this agent taken in this form. The volatile oil has been known in several instances to produce a fatal result, when criminally swallowed to destroy the fœtus in utero, preceded by violent convulsions, chronic spasms, with much disturbance of respiration. In this instance, there was some rigidity of the muscles before coma, but never any sudden involuntary movement of them.

Reports of Hospitals.

NEW YORK HOSPITAL.

TWO CASES OF COMPOUND FRACTURE OF THE CLAVICLE.

[Reported by J. L. LITTLE, M.D., Senior Assistant.]

It is well known that compound fracture of the clavicle is of very rare occurrence, and it may be interesting to state that out of 191 cases of fracture of this bone, reported in the register as occurring within the last ten years, only the two following were compound:

CASE I.—Michael H—n, æt. 45, Irish laborer, admitted May 24, 1858, in the service of Dr. Buck. About two hours before admission, he was injured by the fall of a pile of lumber (estimated to weigh more than a ton) which

crushed him against another pile. In addition to a fracture at the base of the skull, fracture of sternum, ribs, and arm, the patient sustained a *compound fracture of the outer third of left clavicle*. The wound was large enough to admit the tip of the little finger, and bubbles of blood escaped on inspiration. Patient survived only three hours after admission.

CASE II.—William T.—n, æt. 30, American seaman, was admitted Nov. 9, 1860, in the service of Dr. Parker. Patient fell down the hatchway into the hold of a vessel, a distance of about ten feet, and sustained a *compound oblique fracture of the outer third of the right clavicle*. The outer end of the inner fragment protruded through the wound. Hemorrhage was slight.

The fracture reduced by house surgeon, and a compress of lint applied over wound; a pad placed in the axilla, and arm bandaged to the side. Five days after admission supuration commenced; patient was kept in a recumbent position to prevent the burrowing of pus; the wound kept clean, and cold water dressings applied.

The case progressed favorably up to January 7, 1861, when patient, at his own request, was discharged. At this time the wound was filled with healthy granulations, supuration diminishing, and union of fragments was commencing.

UNIVERSITY MEDICAL COLLEGE.

PROF. W. H. VAN BUREN'S CLINIC.

CONCEALED TESTIS REMOVED FROM THE INGUINAL CANAL;
LITHOTOMY; INJECTION OF BLADDER FOR CHRONIC CYSTITIS.

CASE VIII.—Prof. V. B. exhibited the right testis of a patient presented at the last Clinic, which he had removed the following day at St. Vincent's Hospital. The patient was a young man of twenty, from the country, with a tumor in the right groin, which was the seat of violent neuralgic pain, making its appearance in paroxysms as often as twice a week. The tumor, on examination, was found to occupy the inguinal canal, and could be extruded by manipulation through the external abdominal ring, but could not be pushed lower than the crest of the pubes. It was smooth, as well as movable, and when it was compressed pain was experienced similar to that caused by squeezing of the testicle. On examination of the scrotum, it was found to contain but one testis, which was unusually large, and perfectly healthy. The patient stated that he had been able to diminish the frequency of his attacks of pain by extruding the tumor from the inguinal canal and wearing a truss over the canal so as to keep it outside. There was no hernial protrusion. Patient insisted that up to the age of ten years he had two testicles in his scrotum, and about this time one of them had disappeared—being, as he said, "drawn up," and from this date his attacks of pain had commenced.

Remarks.—This is evidently a case of *monorchidism*, the right testicle never having descended entirely into the scrotum, for I do not place entire confidence in the patient's opinion that he had two testes in his scrotum when a boy. Moreover, it is the seat of neuralgic pain which is making the patient's life miserable, and besides it is atrophied—being not more than one-third the size of the gland of the left side, which occupies its normal position—the habitual pressure of the truss upon the spermatic cord having probably aided in producing this result. As there are no medical means by which his pain can be relieved with certainty and permanently, I shall advise the patient to submit to the operation of castration.

The patient willingly submitted to the operation; and the testis, though small and wasted, is apparently otherwise normal in structure. The tunica vaginalis lined the interior of the inguinal canal, but there was entire closure at the internal ring, allowing no communication with the peritoneum; it did not extend into the scrotum.

CASE IX.—A boy, three and a half years of age, brought to the Clinic by Dr. Larkin, of Williamsburgh, had been

suffering severely for eighteen months from symptoms of urinary calculus. His calls to pass water were very frequent, and excruciatingly painful. He was pulling constantly upon the prepuce. Last week he was examined before the class, and on the introduction of a steel sound the contact of a calculus was distinctly felt and heard by those in his vicinity. The operation of lithotomy was advised, and to-day performed by Prof. Van Buren, the lateral operation being selected. The neck of the bladder was divided by a probe-pointed knife, and a calculus of a spherical shape withdrawn by the forceps, about seven-eighths of an inch in diameter, studded with sharp projections, and presenting the external appearance of a mulberry calculus.

Remarks.—In patients of this age the operation of lithotomy is preferable to lithotripsy, and in its result is usually very satisfactory. In about twenty-five cases in which I have performed the lateral operation upon children, I have not lost a case. The wound closes in about a fortnight, by granulation, and there is very little after-treatment required beyond attention to cleanliness. Many of those present may remember a boy of five years of age, who was brought to the Clinic last spring by his father, and whom we examined and performed this operation upon on the spot. He recovered promptly. An otherwise healthy child rarely requires any preparation for the operation, provided the rectum be empty, and in such cases I recognise no necessity for delay.

CASE III.—*Remarks.*—This patient is a man of forty, who has been under treatment for a very tight stricture of long standing, complicated with cystitis, and also with a large hemorrhoidal protrusion which, coming down at each effort to pass water, occasioned constant loss of blood, by which he has been excessively reduced. His stricture has been dilated by the usual mode of treatment, and by the use of a suppository of watery extract of opium at bedtime, and the administration of tincture of the sesqui-chloride of iron internally, his condition has been, as you see, very much improved. The main cause of his cystitis having been removed, I shall now proceed to inject his bladder with tepid water as the best means of restoring it to a healthy condition. This operation should be conducted with extreme care and gentleness, and repeated at short intervals—the interval depending upon the degree of tolerance of the patient. If the patient's improvement by these means is not entirely satisfactory, I should employ a very weak solution of nitrate of silver—say gr. j. to $\frac{3}{4}$ i.—gradually increasing its strength.

The injection of the bladder was then made by means of a flexible catheter, a connecting tube of India rubber, and a large syringe of hard India rubber, and continued until the tepid water was returned perfectly clear and pellucid.

POISONING BY EATING LEMONS.—Dr. Farre reports in No. XXI. of the *Lancet* two cases of poisoning occurring in young children, aged respectively three and five years, caused by eating lemons. The symptoms were those of great prostration and collapse with insensibility, lividity of the face, and absence of its pulse at the wrist. The breathing was in the form of gasping, and the general surface of the body was cold. The treatment consisted in the administration of carbonate of soda, wine and water, and beef-tea. Both cases recovered. The whole of the interior of two lemons was taken by one of the children, and possibly one half by the other; in both the stomach was empty at the time.

ALLEGED CONSUMPTION OF MEAT.—According to Mr. Block, the yearly consumption of meat by each individual in the various European countries, is as follows: France, 44 lbs.; Great Britain, 59 lbs.; Bavaria, 45 lbs.; Spain, 28 lbs.; Holland, 40 lbs.; Sweden, 44 lbs.; Denmark, 49 lbs.; Saxony, 41 lbs.; Wurtemberg, 49 lbs.; Austria, 44 lbs.; Naples and Sicily, 23 lbs.; Hanover, 41 lbs.

American Medical Times.

SATURDAY, MARCH 16, 1861.

WHAT SHALL WE READ?

A FACETIOUS professor in one of our medical schools is accustomed to give the following as his parting counsel to the graduating class:—"If you find leisure to read during your first years of practice, select novels in preference to medical journals." This admonition is generally received by the students as one of those broad jokes for which its author is so greatly distinguished, and is no further heeded. But that the advice is seriously given, is proved by the fact that the professor himself strictly adheres to it. His library is entirely free from this dangerous class of publications, but abounds in yellow-covered literature of every description. During the past year the professor's theory was put to a practical test, and the sequel furnishes a lesson which we wish to impress upon the recent graduates, upon the general practitioner, and finally, upon the teachers in our medical schools. A question arose in the profession, as to the propriety and possibility of a given operation in the department of practice which this professor has taught in a manner peculiarly his own for a score of years. Now, as often happens, this operation had been discussed almost entirely in the medical journals, and many of the well recognised authorities had therein declared the operation practicable and proper. The inquiry was made of this devotee of novels, whether the operation was approved by any responsible author, to which he returned an emphatic, No! The correspondence was subsequently published, and the profound ignorance exhibited of the well known improvements in the branch which he was teaching, has rendered the position of the professor truly unenviable.

It will doubtless seem quite superfluous to those who habitually read our best medical periodicals, to urge the importance of this class of publications, and their claim upon the profession. But whoever will institute a careful inquiry as to the number of medical men who, even if they subscribe to, and pay for a medical periodical, read it with care and attention, will be astonished at the result. He will find that few, comparatively, really profit by the journals which they may happen to take, and the proof of the fact will be seen in the practice of the individual. For those who read with interest our best medical journals are invariably found to be the most successful practitioners, and *vice versa*.

But this indifference to medical journals is not confined to the general practitioners; the person alluded to in the opening paragraph of this article, is the type of a class of public teachers, who move in an atmosphere never tainted by such publications. They discard all new-fangled notions, as they style the improvements and discoveries first laid before the profession through this medium, and annually repeat to their classes, the old and often obsolete theories which they themselves learned when students. These teachers are by no means exceptional, even in our most flourishing schools. We have listened to lectures on surgery, medicine, and obstetrics, within a few years, not a whit in advance of the age of Hunter,

Cullen, and Denman. Is it not time that this class of professors were supplanted by men who are capable of teaching these branches in the light of modern science? The question has been asked in our columns: At what age does a medical man become unable to keep pace with scientific discoveries, and at what age are Professors in our medical colleges no longer competent to instruct classes in the latest improvements in the medical sciences? We shall give to both queries one answer: when a medical man reaches an age where his self-conceit leads him to believe that he can learn nothing from medical journals, he is no longer able to keep pace with the progress of the medical science, or to instruct classes in its latest improvements.

In view of these facts, therefore, and of the deliberate advice given from professional chairs, we deem it our duty at this time to enter a plea in behalf of medical journals, as the proper reading of recent graduates, of established practitioners, and even of the professors in our medical colleges.

What is the proper office of a medical journal? Undoubtedly it is to be the medium of communication between the members of the profession. Such a medium is now recognised as essential to the progress of every science and every art. It stimulates to active effort, not only in research, by the constant attrition of minds engaged in a common pursuit, but to the practical application of principles and newly discovered facts. It performs in this respect, to the profession at large, the same office that a local organization does to the few, being the medium of mutual improvement and encouragement. The advantages of a medical journal to the general practitioner, who has to grapple with the stubborn facts of every-day practice, are incalculable. They have not unfrequently contributed to his immediate success, by giving him timely information of new and important discoveries. Many of the most valuable methods of practice introduced to the knowledge of the profession within the last five, and in some cases even ten years, have not found a place, as yet, in practical treatises, but must be studied in the original journal where the paper first appeared. It is, indeed, a common remark that the physician who keeps pace with the improvements in his art, must be a careful student of medical periodicals.

Again, the medical journals fulfil another, and not less important mission. They elevate the tone of professional morality; they cultivate a just and liberal criticism; and finally, they establish a higher standard of attainments. In this view, we welcome the appearance of new and well conducted periodicals in distant localities, and regard them not only as evidences of the progress of legitimate medicine, but as safeguards against the bickerings of individuals and the encroachments of quackery. And we take this occasion to urge upon physicians living in localities where such publications exist, the duty of sustaining them liberally, both by literary and pecuniary contributions.

Finally, they tend powerfully to unite the profession in a common brotherhood for the attainment of those rights and privileges, whether social or political, which are due to legitimate medicine. The triumph of the British medical profession in obtaining the enactment of laws designed to establish it upon a firm legal basis, is a striking proof of the power of medical periodicals to concentrate its sympathies and influences. No country has greater need of such

publications than ours, and in no country may they exert a more salutary influence. With free institutions susceptible of infinite modification, the medical profession forming a most respectable element in every community, however remote, may wield a power of unlimited extent. This power it is the province of the Medical journals of this country to organize and concentrate for the accomplishment of such such objects as tend to elevate and ennoble the profession, and advance the best interests of society.

COMPARATIVE PREVALENCE OF PHTHISIS PULMONALIS IN DIFFERENT PORTIONS OF THE UNITED STATES.

The most complete sketch of the medical topography of the United States yet published has been already reviewed in this journal. We allude to the Report on the Medical Statistics of the United States Army, prepared by Surgeon Richard H. Coolidge, under the direction of Brigadier General Lawson. The great excellence of this work consists in the elucidation of certain fixed laws and principles from a vast array of crude facts and data, which had been accumulated in the archives of the War Department for many years.

The statistical table herein copied we extract from Dr. Coolidge's work, as being the only complete *exposé* of the comparative prevalence and gravity of Pulmonary Consumption in the different regions of the United States, which exist.

*Consolidated table exhibiting the amount and annual ratio of sickness and mortality in each region from Phthisis Pulmonalis.**

No.	Regions.	Mean strength.	Number treated.	Deaths.	Proportion of deaths to cases.	Ratio of cases per 1000 of mean strength.
1	Coast of New England.....	4,599	21	6	1 in 8.5	4.6
2	Harbor of New York.....	12,836	73	40	1 in 1.8	3.6
3	West Point.....	9,400	14	14	1 in 1	1.5
4	North Interior, East.....	3,553	17	10	1 in 1.7	4.7
5	The Great Lakes.....	10,779	49	34	1 in 1.4	4.5
6	North Interior, West.....	13,492	44	27	1 in 1.6	3.1
7	Middle Atlantic.....	8,467	28	19	2 in 3	3.3
8	Middle Interior, East.....	8,804	11	6	1 in 1.8	2.8
9	Newport Barracks, Kentucky.....	2,475	9	6	1 in 1.5	3.6
10	Jefferson Barracks and St. Louis Arsenal.....	6,956	26	24	1 in 1.1	3.7
11	Middle Interior, West.....	9,681	36	21	1 in 1.7	3.7
12	South Atlantic.....	5,401	27	6	1 in 4.5	7.9
13	South Interior, East.....	6,412	44	39	1 in 1.5	6.9
14	South Interior, West.....	12,812	41	28	1 in 1.5	3.3
15	Atlantic Coast of Florida.....	1,885	5	2	1 in 2.5	2.7
16	Interior and Gulf Coast of Florida.....	3,939	31	6	1 in 5	1.8
17	Texas, Southern Frontier.....	7,310	24	16	1 in 1.5	3.3
18	Texas, Western Frontier.....	13,183	45	22	1 in 2.2	3.6
19	New Mexico.....	13,445	25	4	1 in 6.2	1.8
20	California, Southern.....	8,865	19	9	1 in 2.1	4.9
21	California, Northern.....	8,838	21	9	1 in 2.3	5.4
22	Oregon and Washington.....	8,974	45	10	1 in 4.5	5
23	Utah.....	8,842	8	1	1 in 8	1.3

From the foregoing figures we find that the regions containing the greatest percentage of cases as compared to the mean strength of the troops, were the South Atlantic; north of Florida; interior and gulf coast of Florida; South Interior East; harbor of New York. The greatest proportion of cases occurred at the posts along the South Atlantic coast: these being 7.9 cases per 1000.

The least ratio of cases per 1000 men (mean strength) appears to have been at West Point, New Mexico, Utah,

* These statistics embrace a period of 20 years to July 1st, 1860.

and the Atlantic coast of Florida. The ratio at West Point should be much reduced by the fact that the cadets having comfortable homes to go to, would naturally be discharged from the academy at their own request, while merely suffering from incipient symptoms, such as bronchitis, debility, &c.; and these cases would in the majority of instances be entered under the headings, bronchitis, debility, &c., by the surgeons in attendance. For this reason we can account for the great apparent mortality at the latter place as corresponds to the number of cases reported. In the following localities and regions, in the order named, the ratio of mortality to the number of cases was the greatest: West Point, Jefferson Barracks and St. Louis Arsenal, the Great Lakes.

At West Point, of 14 cases reported, all died!

The least proportion of deaths to cases occurred in Utah; New Mexico; Interior and Gulf coast of Florida; South Atlantic States; and Washington and Oregon. Excluding the report from West Point, which is unreliable for the reason mentioned, we find that Utah and New Mexico present decidedly the most favorable report, and that the states on the Pacific coast follow very closely. Utah stands out prominently as the place, *par excellence*, for freedom from consumption, or, if it occur, from death! Let us again look at the Sanitary Report: out of a mean strength of 5,842 regular troops in Utah, during the three years 1857, 1858, 1859, there were but eight cases of Phthisis Pulmonalis, of which but *one died!* Opposed to this we have out of a mean strength of 12,856 men stationed in the harbor of New York, 73 cases, of which 40 died.

THE WEEK.

THE official notice of the next meeting of the American Medical Association has been issued. It will be held at Chicago on the first Tuesday in June next. We anticipate the largest and most influential gathering of medical men on that occasion known in the history of that society. We may notice here a misunderstanding in regard to the Chairman of the Committee on Prize Essays. PROF. BRAINARD received the appointment, and his name appeared in that connexion, but it now appears that he early declined to serve. No notice, however, was taken of his resignation, but from a card in the *Chicago Journal* we learn that he persists in his declension. This error has already created trouble, and should be remedied.

WE regret to notice in the *Boston Medical and Surgical Journal* the death of another physician, from disease of the throat, communicated by a patient. DR. HORACE W. ADAMS, of that city, attempted to resuscitate a patient, suddenly dying of disease of the throat, by endeavoring to inflate the lungs, by blowing into his mouth. On the second day Dr. A. began to complain of soreness of his throat; the symptoms rapidly grew worse; false membrane formed in abundance, and was occasionally expectorated with great difficulty. Death took place on the sixth day, in the following manner, soon after his medical attendant left him:—"About twenty minutes afterwards he suddenly had an attack of strangling, got out of bed, put his hands to his mouth, as if to remove some obstruction, and started for the door of an adjoining room. The nurse who was with him lifted him on the bed, and he immediately expired." On post-mortem examination the false membrane was found covering the tonsils, fauces, extend-

ing through the glottis and trachea, to the secondary bronchi. "Near the rima glottidis was a small shred, loose at one extremity, which might have caused obstruction, and suddenly terminated the life of the patient." Was not tracheotomy advisable in this case, when the evidences of the formation of membrane in the larynx were established?

THE *Providence Journal* (R. I.) of March 9, has a caustic review of the New York City Inspector's late Report. We have already noticed some of the absurdities of that document, but this article exposes others relating to the large New England village where this paper is published. The absurd statement of the City Inspector that small-pox is at present raging in two or more cities, and may soon be announced in New York (from which city it has not been absent for the space of forty years), has not escaped comment.

The following statement proves the groundlessness of the imputation of the City Inspector, that there is little attention given to vaccination by the authorities of Providence, because the cases of small-pox imported from New York introduced the disease among the inhabitants of that city:—

"During the last five years, since the Health Department was organized in Providence, thirteen cases of small-pox and varioloid have appeared here which were known to be brought directly from New York City. In nine of the thirteen cases the disease was prevented from spreading at all, and was not communicated to a single individual. In the remaining cases, owing to the fact that the disease was not recognised by the physician and was not reported to the Health Officer, it was communicated to others, but in all cases it was arrested and brought to an end within a short time. During the same five years, nine cases of the disease have been brought to the city from Boston, three cases from other places, and four cases have appeared in which the origin could not be ascertained. Now what has been the result of this large number of cases of small-pox imported into Providence? During the whole five years, 1856 to 1860 inclusive, there have been only eighteen deaths from small-pox and varioloid in Providence with a population of 50,000. This is an average of three and six-tenths (3.6) deaths each year. During more than two years and a half of this time, from May 1856 to January 1859, there was not a single death from small-pox or varioloid in Providence."

The proportion of deaths from small-pox to the population was for five years, in Providence, 1 in 2,815, and in New York, 1 in 480!

We trust this article will be carefully pondered by the City Inspector.

THE New York Medical College held its Annual Commencement on the 13th inst. The degree of M.D. was conferred on seventeen young gentlemen. The Honorary Degree of Doctor in Medicine was conferred upon MANUEL DE AQUILAR and D. PEDRO GIRALT. The Van Arsedale prizes for the best theses were awarded to ELNATHAN STEELE and J. HENRY GUILD. The address to the graduating class was delivered by Prof. B. J. RAPHAEL.

THE first lecture of Prof. CLARK, on Diphtheria, will appear next week.

Reviews.

A CATALOGUE OF THE PATHOLOGICAL CABINET OF THE NEW YORK HOSPITAL, CLASSIFIED AND ARRANGED. By ROBERT RAY, JR., M.D., Curator. With a Memoir of the Author. New York: S. S. & W. Wood. 1860. pp. 364.

The author of this volume, whose untimely death we noticed some time since, has rendered an important service both to the New York Hospital and to the students of pathological anatomy, in the preparation of this admirably classified catalogue. Though somewhat familiar with his labors, we were quite unprepared for a work of these dimensions, and of such completeness of detail. It is divided into the following sections: 1. Bones; 2. Joints and Tendons; 3. Digestive System; 4. Respiratory System; 5. Circulatory System; 6. Nervous System and Organs of Senses; 7. Genital and Urinary System; 8. Parasites. The description of each specimen is very full, and appended is the name of the donor. The work will be a lasting monument to the industry, zeal, and learning of its lamented author.

SKIN DISEASES AND THEIR REMEDIES. By ROBERT J. JORDAN, M.D. London: John Churchill. 1860. Pp. 283.

Dr. Jordan has endeavored to prepare a brief yet exact work on Skin Diseases, which should "serve as a handy book for reference," and to this has prefixed the early history of these affections in Europe. We are not favorably impressed with the result of the author's labors. This treatise is not in any respect more easy of reference than the works of Wilson & Neligan, now in general use, while it is destitute of those explanations and discussions essential to a right understanding of the nature and treatment of these diseases.

TRANSACTIONS OF THE FIFTEENTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, held at Ohio White Sulphur Springs, June 12, 13, and 14, 1860. Columbus: 1860, pp. 267.

THE published transactions of our state medical societies are rapidly increasing in interest, and several are annual volumes of great value. This volume may be ranked as one of the best of this class that has appeared during the past year. The special reports are well written, and deserve more than a passing notice. The Report on Cannabis Indica, by R. B. McMEENS, M.D., of Sandusky, is replete with practical facts. The Report on the Effects of Chloroform upon the Intellectual Processes, by T. L. WRIGHT, M.D., of Bellefontaine, discusses at length the medico-legal questions which it involves. It is a very valuable paper. The Report on Insanity, by RICHARD GRUNDY, M.D., is elaborately written, and adds much to the value of the Transactions.

A GUIDE TO THE PRACTICAL STUDY OF DISEASES OF THE EYE, with an outline of their medical and operative treatment: By JAMES DIXON, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, &c. From the Second London Edition. Philadelphia: Lindsay and Blakiston, 1860, pp. 425.

IN the preface to the first edition the author states that his design was to prepare a work in which the diseases of the eye were chiefly studied from objective phenomena, in order not to extend his treatise by elaborate discussions. It embraces a careful review of the diseases of all the different tissues of the eye, their symptoms, diagnosis, and treatment. The ophthalmoscope is briefly explained, and its uses mentioned. From the brief examination which we have been able to give Mr. Dixon's work we regard it as a fair exponent of the present state of ophthalmic medicine.

Progress of Medical Science.

TOXICOLOGY.

By SAMUEL R. PERCY, M.D.

THERE are numerous agents of the *Materia Medica*, which produce deleterious effects even when exhibited in small doses, but when given in inordinate doses or quantities, produce death by poisoning. The word toxicology is derived from the Greek, and means a treatise or discourse upon arrows; and as arrows were in those days frequently poisoned, thence a discourse on poisoning. The word now has a wider meaning, signifying a treatise on poisoning and poisonous agents in general. There is probably no branch of the science of medicine that has made such rapid advances within a few years as this of which we are treating; and many of the most accurate and investigating minds both of this continent and of Europe are daily adding fresh facts to the science. One reason for its rapid advance is that it is an exact science, that it treats of facts that are demonstrable; and no matter how often they are repeated, it is with the same results. As chemistry has improved, and is daily presenting us with fresh agents in a positive and highly concentrated form, either from the animal, vegetable, or mineral kingdom, toxicology has kept pace, and has presented means for the detection of those agents in quantities so minute as almost to seem incredible; and not only can these agents be detected in their pure or unaltered state, but they can be recognised when they have been changed by passing through the living organism of man or animals, and detected in the various secretions, as the urine, the saliva, &c. So truly important and reliable has the subject become, that if a death now happens under suspicious circumstances, the law calls in to its assistance the skill and learning of some expert, and upon his demonstrations finds the prisoner guilty of murder. The alkaloids, and some of the animal poisons, when given in doses sufficient to cause death, but yet in moderate amount so far as quantity is concerned, leave behind them a visible trace by which their action on the system can be detected; they are looked for therefore in the contents of the stomach, and in the various secretions formed from the blood. To many of them are applied tests or reagents, which will detect their presence in quantities so small as $\frac{1}{1000000}$ th part of a grain, and there are none that cannot be readily detected in quantities of $\frac{1}{1000}$ th part of a grain. There are also other means of detection, one recommended by the late Marshall Hall, called "The Physiological Test," which consists in this instance of administering liquids supposed to contain strychnia to frogs, or in injecting it either into the serous cavities, or underneath the skin of the animals, and if present it produces in them violent tetanic spasms. Bernard has, during the last winter, delivered a series of lectures on various toxic agents, and has added some new facts. Dr. Mitchell of Philadelphia, Dr. Dalton of New York, and others, have also added their quota.

Bernard demonstrated to his class that certain agents which destroy life with great rapidity, leave behind them no appreciable alteration of the tissues, on which their deadly action has been exerted. Thus in the action of woorara he demonstrated that the motor nerves were entirely paralysed, without exhibiting the slightest modification in their anatomical structure or physiological properties, but that the electro-tonic power still exists in its usual degree of intensity; the galvanic stimulus, however, and the impulse of the will, no longer exert their wonted influence on the locomotive apparatus. Strychnia, he demonstrates, confines its action to the sensitive portion of the nervous system, the convulsions which arise from its introduction into the economy, being merely the result of reflex action. The demonstration he proves by experiments upon two frogs. This consists in tying the vessels of the posterior limbs in

two frogs, without injuring the nerves. The animals are then simultaneously poisoned by injecting under the skin of the back a solution of woorara in the first case, and of strychnia in the second. The operative proceeding is as follows:—A thread being passed under the sacrum immediately in front of the origin of the lumbar plexus, the whole remaining part of the animal body is included in a single ligature. All vascular communication being thus intercepted between the hind legs and the anterior portion of the body, the poison exclusively circulates in the trunk and upper limbs, without passing beyond them. In spite of this obstacle the posterior limbs of the frog poisoned with strychnia enter into convulsion, while in the animal submitted to the action of woorara voluntary motion exists below the ligature, while absolute paralysis prevails above it. The result in the first case was from the general influence upon the entire economy, by all actions brought to bear upon the sensitive nerves, which, acting upon the spinal cord, produce the universal disturbance of the normal functions. But the effects of woorara in the second case, are only felt in those to which the circulation has conveyed it, and are confined to the upper half of the body. The subject poisoned with strychnia does not, after a few minutes, exhibit the slightest vestige of reflex action in any part of the body; and the motor nerves, when galvanized, are found to have lost the power of acting upon the muscles, and this loss of power extends to all regions of the body. In the subjects poisoned with woorara there is a different state of things. The sensitive nerves have everywhere retained their usual properties, while the motor branches are paralysed above the ligature; but below this point voluntary motion lasts as long as life remains.

This loss of power of the muscular system, and its subsequent results upon animals poisoned with Veratria, I noticed more than two years ago. During a series of investigations upon Veratria obtained from *Veratrum album*, and the Veratria obtained from *Veratrum viride*, I noticed that animals poisoned with either alkaloid lost the power over the locomotive muscles, and after death that the galvanic current did not exercise the same convulsive movements as in cases of death from other causes. When these alkaloids were administered to dogs, either by hypodermic injection or by the stomach, the alkaloid was several times detected in urine, and the urine produced also the physiological results, when administered to other animals. In other articles we will review M. Bernard's experiments, and those of other physiologists, and if acceptable from time to time give the various reagents and tests for the alkaloids, &c., together with such interesting cases of poisoning, and their detection, as may come under our notice.

Reports of Societies.

ACADEMY OF MEDICINE.

SECTION ON SURGERY.

February 15th, 1861.

SURGICAL SECTION.—DR. JAMES R. WOOD, CHAIRMAN.

PUNCTURE OF THE CAPSULE OF THE HIP-JOINT.

DR. LEWIS A. SAYRE presented a man who, on the 1st of November, 1855, had received a heavy blow over the region of the hip from a large beam of timber; great pain and distress were occasioned, which lasted for several days, when there was a slight remission. He was not at any time, however, free from suffering, and at first complained of his knee, but about the 20th of December he began to feel pain in the hip-joint on the affected side, to suffer from loss of appetite and emaciation. This continued with but little abatement until the 4th of January, 1856, when, after

exercising the limb for two days, his sufferings were greatly aggravated; the limb now began to elongate and turn outwards, and to stiffen in the joint. At this juncture he, for the first time, sought medical aid; Dr. Riggs was called in, who, looking upon it as a case of rheumatism, treated him accordingly for about six weeks. The disease, however, gradually advanced, producing all the symptoms of irritative fever. Dr. Sayre was called in consultation on the 18th of February, 1856. The patient was then found semi-recumbent, with his right leg bent at the knee over a pillow, everted, and abducted; adduction or rotation was impossible, and the attempt produced the most intense agony. Indistinct fluctuation was discoverable over the hip-joint. Looking upon the case as one of synovitis with effusion, iodine was applied, and compression made by long adhesive straps firmly applied, and a tight roller from the toes up over the hip in order to promote absorption. Iodide of potassium was given internally. Under this treatment, at the end of six days, the symptoms were found much aggravated; and as the fluid in the joint seemed much greater, puncture of the capsule was resolved on, in order to prevent still more serious mischief. This was effected by the introduction of a small tenotomy knife behind the trochanter major, and *pus* escaping, the external wound was extended five inches, and the capsule opened freely. Nearly a teacupful of *pus* escaped, the limb immediately resuming its natural position; there was no crepitus, and with the finger in the capsule no roughness could be detected about the head of the bone. The joint was thoroughly syringed with warm water, the wound filled with lint, and covered with oil silk. From this time forth the case did well, no bad symptoms followed the operation, the wound suppurated freely, and the prognosis was, that recovery would follow with ankylosis. It is now four years since the operation, and the patient presents himself in perfect health, and capable of *complete motion of the joint*, in which condition he has been for three years past. Dr. S. said, that in this case there was no dislocation of the head of the bone, nor were the osseous tissues of the joint in any way diseased—there was nothing like exfoliation after the operation. He looked upon it as a simple case of synovitis going on to suppuration. In this case his first puncture had been unsuccessful, inasmuch as it was too far behind, thus going down by the side of, and external to, the capsule.

RESECTION OF THE ELBOW-JOINT.

Dr. JAMES R. WOOD presented a boy aged seventeen years, whose elbow-joint he had resected five weeks previously. He stated, that four years ago, while the patient was on a farm, he experienced severe pains in his legs and arms, exacerbating in the evening; soon the right leg became swollen and discharged considerable matter. In the course of one year, three or four small pieces of bone were discharged through a small opening about three inches above the external malleolus; it then healed and the right arm began to swell; a sinus was formed on the under side, through which a small fragment of bone was extended. About four or five months since, he was attacked with inflammation and swelling of the elbow-joint, which was relieved in a few days. In the course of the two subsequent months, however, he had two re-accessions of the trouble about the joint, the last of which left the arm in a semi-flexed position and incapable of motion. On the 5th of January last, Dr. Wood resected the joint. The ulnar and internal condyle were found most diseased, the synovial membrane, cartilage, and the bone itself were much ulcerated and eroded. He made the letter **H** incision, removed the diseased portions, and, with the exception of the most depending part, closed the wound with silver sutures. The arm was placed in a semi-flexed position on a pillow in bed, the cold water dressing applied, and the patient ordered half a grain of morphia. The wound did well, and on the first of February, having healed, passive motion was commenced. At present he has considerable

motion in the joint, and carries a pail several times each day by way of exercising it and preventing ankylosis.

Dr. W. remarked that he always preferred the "**H**" incision, though there were good surgeons who employed the straight incision. He conceived the chief secret of success in the operation to be, free exit of matter, and hence always encouraged a free discharge. With this view, he sometimes resorted to the introduction of tents. In this case, though there was considerable diseased structure, he took care to preserve the periosteum, particularly at the insertion of the triceps muscle, so as to secure some osseous structure for the muscle to cling to. In this case, the end of the radius, though not diseased, was removed, in accordance with his custom, so as to leave no cartilage of incrustation to become ulcerated, and thus destroy the joint.

Dr. FINNELL related a case of spontaneous cure, where the elbow-joint had been apparently destroyed by disease. The patient refused to have it resected; consequently, a free incision was made posteriorly, for the discharge of matter. The case is convalescing.

A FRACTURE DISUNITED BY GOUT.

Dr. O'RIELLY related an interesting case, wherein a fracture of the internal malleolus had been *disunited* by the supervention of an attack of gout in the ankle-joint. Considerable inflammation and ulceration followed on the inner aspect of the joint, producing the condition of *compound fracture*; the fragments of bone could be felt, mobile and loose, through the opening. On relief of the gout, the wound gradually healed, followed by reunion of the bones.

A NEW INSTRUMENT FOR MEASUREMENT OF THE LOWER LIMBS.

Dr. MINOR, of Brooklyn, presented an instrument for the more accurate measurement of the lower limbs. To avoid the many fallacies incident to the usual modes of measurement, he employs a "beam compass" with a stationary metallic point, about three inches long, inserted at right angles into one end of the beam, which is graduated to one-sixteenth of an inch; there is another similar point attached to a slide, which can be moved up and down the beam at pleasure. By sticking a piece of adhesive plaster over the spinous process of the ileum, and by marking upon it the precise point of the spine, or by simply indicating this upon the integument with a soft crayon; one finger of the compass is placed upon this point, while the other is similarly placed upon the malleolus; the precise length can then be read off upon the beam. Dr. M. had found this a most accurate instrument.

Dr. BATCHELDER effected these measurements by drawing a straight line from the middle of the superior extremity of the sternum over the symphysis pubis to the feet—both of which should be kept fully up against the line. This brings the pelvis at right angles to the body, and enables him to measure either limb from three different points—the top of the sternum, the symphysis pubis, and the spine of the ilium. On combining these different measurements a very accurate result may be obtained.

Dr. MINOR said, that at some future time he would present to the Society the results of his researches in reference to the fallacies in the measurement of the lower limbs. He had found them much more numerous than was usually supposed.

SEPARATION OF THE CALVARIUM, THE RESULT OF A BURN.

Dr. PEASLEE read the history of a case, from a British American journal, reported by Dr. Philpot, of Simcoe, C. W. The subject was a woman who had fallen into the fire during a fit, and had portions of her parietal and frontal bones charred and denuded. The burn was treated with Canon oil. A slough having separated, the bones were left exposed, and the surrounding integumental margins in a granulating condition. The patient was not seen again for ten months, when, on passing one day, she was seen with her head tied up and with her entire "skull cap" in her hand. She stated that feeling the cranial bones loose, she

lifted the top of the skull from off its cerebral contents, leaving them naked and pulsating. This detached portion of cranium measured longitudinally from edge to edge, on its concave aspect, five and three-quarter inches—transversely, four and a half inches. Her physiognomy is much disfigured in consequence of the accident; her health, however, is good, she being able to attend to her domestic duties with little or no inconvenience, except an occasional pain in the head.

Dr. Post had not supposed it possible for the whole summit of the brain to be denuded with impunity, and hence, having no acquaintance with the reporter, he was inclined to be a little sceptical.

Correspondence.

EXTENSION IN FRACTURES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I have read the paper on "Simple Extension in Fractures of the Long Bones" by Dr. Swinburne, in your issue for March 2, also the discussion upon it before the State Medical Society, and I take this opportunity of referring to the principles therein advocated, because I firmly believe them to be entirely erroneous. I am satisfied in my own mind that he gives no reason why splints should be abandoned; on the contrary, I think that the very apparent incoherences in the paper, tend strongly to show their efficacy. He pretends to ignore splints altogether for purposes of coaptation, and yet we find him advising support of the bone against a strip of board by means of circular strips of adhesive plaster placed at short intervals. Permit me to give you an example of this in his own words. In speaking of the treatment of fracture of the thigh, he says:—"If, after full extension is effected, it should appear that the limb is not sufficiently steady at the seat of the fracture, the application of strips of adhesive plaster around the limb and splint at intervals of three or four inches, will accomplish all the indications." He says substantially the same thing in relation to the tibia. Now, sir, what does this prove? What character of coacting splint could do more than this? In fractures of the radius and ulna he certainly cannot deny that a *bona fide* splint is used; and in "silver fork" fractures the only reason he gives for preferring his own to Dr. Shady's splint is, that the latter is not always at hand. He maintains that the fractured limb, when fully extended, brings the fractured ends of the bone exactly in apposition, the muscles acting as splints. If this be so, why is there occasion for "uneasiness as to the disposition of the bone?" He seeks also to establish the absurd principle that muscles cannot be extended beyond their natural length. If this be true, how can he explain the result of the case of fracture of the thigh related by Dr. Batchelder, where the fractured limb was at least three quarters of an inch longer than the sound limb? How can he refute the experiments of Dr. Bly? Again, I cannot understand the force of reasoning adopted by Dr. Swinburne to prove that the muscles act in a straight line. Dr. Wood takes the proper ground in relation to that point, and proves pretty conclusively I think, to every one's mind, that such is not the fact. The muscles must contract by shortening their longitudinal axes, and the adductors must tend to lateral displacement. Dr. Swinburne's explanation of the manner by which the action of these muscles is modified by the position of the perineal pad is, to say the least, ingenious. Dr. S.'s object in thus bringing up the subject of extension in a new form before the profession (for I am not aware that he claims any originality in the matter), is a laudable one; he is desirous of simplifying the treatment of fractures, and for the attempt which he has made to bring about that end, he certainly deserves a great amount of credit. He however

has, I think, allowed his enthusiasm to lead him into error in regard to the adaptation of his principle to practice, which fact being assumed, proves to my mind that the principle is erroneous. His honest efforts to prove the opposite state of things only show how skilfully he can ride his "hobby." Every good surgeon uses a splint for coaptation of a fractured bone; and so does he, though he thinks he does not. In relation to the subject of exclusive extension, I must be permitted to make one remark, and that has relation to its use in fractures of the os brachii. Dr. Swinburne must pardon me when I give it as my conviction that he is indeed a bold surgeon to advocate a plan of treatment which is so universally acknowledged to result in non-union, viz. keeping the ends of the bones apart from each other. The principle is certainly the exact opposite of that practised by our most eminent surgeons, who carefully guard against the occurrence of the accident by crowding the ends of the bones together. Dr. S. cannot, it seems, answer this one of the many objections to the application of extension, by affirming that the muscles cannot be extended beyond their natural length, or else how would he explain the result in the case cited by Dr. Bissell, where weights were used for extension, and where, by the stretching of the muscles, the fragments "separated to the extent of three quarters of an inch." In reference to the good results obtained by this practice as applied to this bone, I can only express my astonishment. The space that I have already occupied I think is a sufficient reason why I should not refer to a few more points in relation to this paper. I hope that the remarks that I have made may not be deemed out of place, for I need not assure you that they are made not with the intention of questioning the skill of Dr. S. in the treatment of fractures, but simply to express my views upon a subject in which I feel the deepest interest.

SPLINT.

DIPHTHERIA IN ALABAMA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—This disease made its appearance here during the month of August, 1860. Since that time we have seen between 20 and 25 cases among the blacks and whites. The geological formation upon which we reside is cretaceous. The country towards the east is composed of rich black land, formed by the combined products of the disintegration of the underlying limestone, and vegetable decomposition. Over this region are scattered large sand hills, which afford beautiful sites for the residences of the planters and for the quarters of their slaves. On the west, the country is sandy and flat, being for the most part first and second river bottom. This stratum is what geologists call tertiary. In this instance it overlies the cretaceous rocks which, as stated above, "crop out" on the eastern portion of our district. The first case of this disease occurred in the sandy or tertiary region, and it has been almost exclusively confined to that variety of soil. We have seen only three or four cases in the prairie country, and they were developed on the sand hills before alluded to, where the negroes drink freestone water, and cultivate, in part, sandy soil. They were mild cases, and not clearly marked. Now, can it be that the nature of the soil and the ingredients of the water have anything to do with the development of this malady? The disease, as we have seen it, generally commences with a chill, followed by a fever, which lasts from a few hours to as many days. Synchronously with the chill, the throat becomes sore, and, in some instances, swells enormously. In one case, the owner thought his negro had mumps. The tonsils are the organs principally affected. They first become red and swollen, and then they are soon covered with the peculiar diphtheritic, pseudo-membranous deposit. In its formative stage, it appears as if it had been sprinkled over the gland from a pepper-box, the patches being small and isolated. Soon, however, they coalesce—sometimes with wonderful rapidity—and the whole gland is covered with false mem-

brane, which, in most cases, is confined to the tonsils; but in others it seems not satisfied to be restrained within so narrow limits, and spreads in every direction, even into the larynx, producing alarming symptoms, and frequently death. Fortunately, in no case which has come under our care has it extended beyond the pharynx. The breath is sometimes very offensive. The disease is one of the blood, and consequently involves the whole system; but the local symptoms are so prominent and dangerous as to demand our chief attention. The treatment naturally divides itself into two parts: first, that which is addressed to the system at large; and, secondly, that which is directed to the throat. We begin by opening the bowels with some mild cathartic. If there be torpidity of the liver, or of any of the secreting organs, we give a mercurial, but never with a view to its systemic effect. The disease is asthenic—i.e. the blood is already depraved, and we should carefully abstain from further impairing its vitality by mercury or any other depletive. When the fever has subsided, we direct quinine 4 grs. three times a day, and nutritious but very digestible food. If the fever be of a high grade, we give neutral mixture, spirits of milderers, sweet spirits of nitre, or any other cooling diaphoretic that may be indicated. We also, in every case, give 10 grs. of chlorate of potash every four hours, internally. To the throat we apply nitrate of silver, in the solid form; cauterize it well at least twice a day, until the false membrane ceases to spread. With children we use a solution of the same caustic, varying in strength from twenty to sixty grains to the ounce of water. The application of the caustic often affords prompt relief, as either the stick or mop will tear up the membrane, which the patient spits up in large flakes, and its further formation is arrested. We next direct chlorat. potass. 3 iv., spring water Oj., to be used as a gargle every four hours. The chlorate performs a threefold office. 1st, it dissolves the false membrane; 2d, it acts as an alterative to the parts diseased; and 3d, as a disinfectant. In less than twelve hours we have known the breath to be completely purified under its use. In addition to the above remedies, we direct counter-irritants to the throat, such as hot turpentine, mustard, etc. Under the above treatment, our patients have all recovered, and with no unpleasant sequelæ, save in one case; and as that is of some interest, and involved in much obscurity, we will give a brief history of it. On Nov. 6, 1860, J. Mc., aged six years, was seized with diphtheria. He was treated with caustics, chlorate of potassa, counter-irritants, castor oil, quinine, etc., as stated above, and was soon relieved from all diphtheritic symptoms. But his general health did not improve; he continued weak and feeble, until about Christmas, when he got a peculiar affection of the throat and air-passages. His voice was much altered; had difficulty in speaking; and when he did speak, his enunciation was imperfect, and the sound of his voice unnatural. His sleep became much disturbed. He would awake suddenly; rise up in bed and scream, as if in great distress. There was some difficulty in breathing. Appetite good; great aversion to solids. Fully as lively and playful as ever. No fever. Throat healthy, as far down as we could see. *No tenderness along the spine.* He remained in this condition for a week or two, when he began to lose the use of his limbs. He would often fall down; was unable to walk up and down steps; lost, in a great measure, the use of his arms; and appeared as one growing generally palsied. He gradually grew worse, until 18th of Jan., at which time the disease took a change for the better, and since, he has been improving. At first, thinking there might be some inflammation of the trachea involving the glottis, we gave him small doses of calomel, $\frac{1}{4}$ gr. ter die, and applied counter-irritants to the neck. But as soon as he manifested symptoms of approaching paralysis, we changed our tactics, and directed strychnine, gr. $\frac{1}{16}$ ter die, to be gradually increased to gr. $\frac{1}{8}$, the salt and water bath, a glass of wine three times a day, full diet, rest, and frictions along the spine. Latterly we have been giving muriated tr. iron, 4 drops ter die. Under this

treatment our patient has greatly improved; but he is not well yet. Can his disease be a sequel to diphtheria, or is it an idiopathic affection of the spine?

B. P. HUNTER, M.D.
N. FRIEND, M.D.

BOLIGER, GREENE Co., ALA., Feb. 15, 1861.

ANÆSTHETICS IN USE PRIOR TO THE YEAR 1600.

[To the Editor of the AMERICAN MEDICAL TIMES].

SIR:—I send you the following, which I have recently met with in my reading. The poet does not state whether the anæsthetic was a *patented article*. What will henceforth become of the claims of Wells, Jackson, or the immortal Morton?

[From Du Bartas (1590), translated by Joshua Sylvester:]

"Even as a Surgeon minding off to cut
Som careless limb: before in use he put
His violent Engins on the vicious member,
Bringeth his Patient in a senseless slumber:
And griefless then (guided by Use and Art),
To save the whole, saws off th' infected part,
So God empall'd our Grandstire's (Adam) lively look,
Through all his bones a deadly chills stroke,
Stell'd up his sparkling eyes with Iron bands,
Led down his feet, (almost) to Lethe's sands;
In briefe, so numb'd his Soule's and Bodie's sense,
That, (without pain) opening his side, from thence
He took a rib, which rarely He refin'd,
And thereof made the mother of mankind."

J. G. A.

DOMESTIC CORRESPONDENCE.

PHILADELPHIA.

March 18th, 1861.

THE most important topic prevailing, now that the winter session is over, is the vacancy about to occur in the Jefferson Medical College by the resignation of DR. CHARLES D. MEIGS. A vacancy in that institution always produces a sensation, and attracts medical aspirants from all parts of the country, and as it is admitted that a Philadelphian is to be selected for the post, the competition is running high among us.

A professorship in the Jefferson College gives, of course, at once an eminent position, and secures to the incumbent the highest revenue of any similar position in the country, and as the profession, as a class, have a high appreciation of the latter item, it is not to be wondered at that the competition is exciting.

A real successor to the erudite and polished gentleman who is about to quit the field of his toil and triumph, is hardly to be expected. It would be indeed difficult to find another who combines with such classic learning and elegance of manner, so much that is genial and which insures respect from and endears to those around him. His style is truly unique yet very popular; perhaps not always sufficiently didactic, but he can for hours maintain the attention of the class on subjects wherein a routine teacher surely fails, and I have never known another obstetric teacher who was in the habit of indulging witticism before the student without tainting it with vulgarity.

In Europe such positions seem to be supplied by a kind of consent by juniors who grow up alongside, and finally, when a vacancy occurs, fall naturally into the place; or the successor seems almost pre-appointed in some second in rank. Certainly there is not such a scramble as with us; but that style would not be in accordance with our democratic character, and a free run for every place is a national characteristic.

Although, as I have said, it seems to be acknowledged that the position is to be given to a Philadelphian, yet there are some names from abroad mentioned in connexion with it. Among these are DR. MILLER of Louisville, and DR. BYFORD of Chicago. The most prominent Philadelphia names in the canvass, are DRS. E. WILSON, W. V. KEATING, D. GILBERT, J. L. LUDLOW, E. WALLACE, and L. D. HARLOW.

Dr. Wilson has been a private teacher of obstetrics for many years, and succeeded the well known Dr. Warrington in his private school. He has had extensive practical opportunities, but certainly lacks the attainments of a scientific and literary character which would fit him for the post. Dr. KEATING has taught obstetrics in an unimportant position; he is a gentleman of education, but has not the popularity with the profession in this city, which should be brought to the position he seeks. Dr. GILBERT exceeds the other applicants in years, and is the only one who is much known beyond the limits of the city. His name has been but recently announced for the chair, but his popularity has rapidly raised a strong feeling in his favor. He was esteemed as a teacher while in the Pennsylvania College, and appears in every view the most available candidate for the place. Dr. LUDLOW is an accomplished gentleman, with a polished education. He is not much known as a teacher, although he would doubtless be well suited for the chair. Dr. WALLACE is the present Demonstrator of Anatomy in the college, and is pushed for the place by a portion of the faculty, with what object, or with what fitness for it, is incomprehensible. Dr. HARLOW is the present Professor of Obstetrics in the Pennsylvania College, where he is popular, and is certainly a good teacher.

In these troublous times it may be supposed that the Trustees of the College will be extremely politic in their choice. I believe that the real good of the institution will alone influence them in place of any personal bias which they may have—but we will soon see.

Truly yours,

NEMO.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

SEVERAL acute cases of Bright's disease of the kidneys have been in the Infirmary, and have done remarkably well under the free use of the bitartrate of potass. It has astonished me a good deal to see the very rapid recovery of two or three of these cases. In commenting upon a case of partial paralysis, Prof. Bennett remarked that strychnia had been brought into use in that disease on account of a theory, and that, although he had used it extensively, he had never yet seen it do any good in paralysis. In cases of small-pox there is used here a plaster upon the face which prevents the pitting, and also diminishes the local and general distress in a remarkable degree. As the plaster contains no mercury, there is no danger of salivation arising from its use. The formula is as follows: R Zinci carb. 3 parts; Zinci oxyd. 1 part; to be rubbed in a mortar with olive oil to a proper consistency.

Several very interesting cases of phthisis have been in the wards lately. The history of each case shows the fons et origo of the disease to be overwork, exposure, or slow starvation. One, on listening to the melancholy histories of these cases, can form some idea of the struggle for life that is continually going on among the poor and down-trodden in these old countries. Their condition is dreadful, and it seems almost hopeless. Not only in the cities, but also in the country, men, women, and children are herded together in miserable hovels, which, built of stone, do not admit of that effectual purifying which a seemingly unfortunate, but in reality fortunate, sweeping fire causes in our large towns. Then, again, the absence of appetizing food, the utter ignorance of the many luxuries of the table common among the poorest in America, the almost entire want of cooking facilities, and the want of light, arising from the influence of the old window tax, all these things render the resort to alcoholic beverages almost a foregone conclusion. The poor man here, aye, and the poor woman, and still poorer, pinched, and starving child, drink, not to drown dull care, but to drown hunger, cold, and wretchedness. They struggle on wretchedly for a few years, and then are driven to the hospital, whence they seldom pass

except to the workhouse or grave. There are no old men here among the poor. A man of sixty years of age, I know by actual inquiry, is very rarely found. Some months since, I went with a surgeon of this place to Falkirk, to remove the thigh of a man sixty years of age. I noticed that he was spoken of as *the old man*, and on inquiry, found that he was considered very old. Dr. Druitt, of London, was with us, and remarked, what a noble work it would be to undertake seriously to bring to the notice of the world the down-trodden, famishing, brutalized state of the poor. He wished to know what the poor with us got for bread, and was much surprised when I told him they had the best of wheat. He evidently hardly believed me. Pardon this digression from the proper subject matter of my notes. It is hard to see so much wretchedness without mentioning it. The limb of the old man was adroitly removed, just above the knee, by the circular operation, and after an unsuccessful attempt to arrest the hæmorrhage by acupressure needles, the arteries, or rather artery—for only the femoral bled—were tied, and the patient placed in bed. He made an excellent recovery. The large size of the knee had led several who saw it to pronounce it a malignant tumor. Mr. Edwards, however, who was the operator, pronounced it before the operation, to be ulceration of the cartilages. On examination after removal, his opinion was found to be quite correct. The soft tissues, however, around the joint were greatly thickened, and a hard bunch on the anterior and lower aspect of the joint, which before the operation had presented exactly the appearance of the lower part of a fractured patella, was found to be the bursa patellæ in a state of cartilaginous degeneration. Mr. Syme recently operated for the restoration of a young woman's nose, by taking ample flaps from the cheeks just by the side of the nose, and simply sliding them forwards to their place. In this way all twisting of the pedicle is avoided, and the risk of sloughing reduced to a minimum. The wounds in the cheeks are readily closed by sutures, and leave surprisingly little deformity.

Medical News.

APPOINTMENT.

Dr. GEO. SUCKLEY has been appointed Clinical Registrar to the New York City Hospital.

MARRIAGE.

WILLARD—SPENCE—At the residence of the bride's brother, March 5th, by Rev. Dr. Green, of Nashville, SYLVESTER D. WILLARD, M.D., of Albany, N. Y., to Miss ELLEN SPENCE, of Murfreesboro, Tenn.

DEATH.

HARRIS.—At Philadelphia, on March 4, THOMAS HARRIS, M.D., in the 78th year of his age.

DOMESTIC ITEMS.—Drs. Hawthorne and Loryea, of the Portland Hospital, Portland, Oregon, have issued the prospectus of a new medical journal—first number to be issued February, 1861.—*The New Orleans Medical News and Hospital Gazette* has changed its name to *New Orleans Medical Times*.—*The Louisville Medical News* is suspended, as also the *Georgia Medical and Surgical Encyclopedia*.

FOREIGN ITEMS.—Dr. William Jenner, Physician to University Medical College Hospital, London, has been appointed Physician to the Queen in place of Dr. Baly, deceased.—Sir William Burnett, late Director General of the Medical Department of the English Navy, died Feb. 16, aged 82.—At an inquest on the bodies of four men who perished in Fleet-Lane sewer, Dr. Letheby gave it as his opinion that they had died from the effects of sulphuretted hydrogen, suddenly discharged into the atmosphere of the sewer.

REPORT OF THE DISPENSARIES OF THE CITY OF NEW YORK,

For the month of February, 1861:

	New York Dispensary.	Northern Dispensary.	Eastern Dispensary.	DeMilt Dispensary.	N. Western Dispensary.	Grand Totals.
Number of male patients.....	1379	797	1011	1256	503	5106
Number of female patients.....	2046	1193	1333	1529	626	6737
Totals.....	3565	1990	2344	2785	1129	11883
Treated at dwellings.....	658	424	524	708	246	2600
Treated at Dispensaries.....	2887	1566	1820	2077	883	9283
Primary vaccinations.....	181	132	177	114	54	658
Re-vaccinations.....	41	—	43	39	9	132
Whole number vaccinated.....	222	132	220	153	63	790
Number of adults.....	2720	1190	1201	1645	556	7872
Number of children.....	895	800	1143	1140	573	4461
Number native patients.....	914	875	1000	1233	551	3573
Number foreign patients.....	2671	1115	1344	1552	578	8260
Number sent to Hospital.....	588	26	190	43	14	751
Number of deaths.....	81	5	18	17	6	77
Prescriptions dispensed.....	7507	3014	5220	5781	2260	24883

During the month of February, as above shown, medical and surgical services, vaccination, and medicine were afforded gratuitously to 11,883 persons.

The principal causes of death were small-pox, scarlet fever, and consumption.

The prevailing diseases chiefly affected the respiratory system. In the districts of the New York and Eastern Dispensaries small-pox prevails to an unusual extent, while scarlet fever and measles are reported to have assumed quite a severe form in the district of the Northern Dispensary.

In one of the Dispensaries there was a large increase of deaths from phthisis after the sudden cold change of the 8th of February.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 4th day of March to the 11th day of March, 1861.

Abstract of the Official Report.

Deaths.—Men, 85; women, 78; boys, 125; girls, 110—total, 398. Adults, 165; children, 235; males, 210; females, 186; colored, 4. Infants under two years of age, 148. Among the causes of death we notice:—Infantile convulsions, 27; croup, 11; diphtheria, 10; scarlet fever, 89; typhus and typhoid fevers, 7; consumption, 66; small-pox, 8; dropsy of head, 18; infantile marasmus, 14; puerperal fever, 2; inflammation of brain, 7; of lungs, 25; bronchitis, 12; congestion of brain, 11; of lungs, 3; erysipelas, 4; whooping cough, 4; measles, 5. 259 deaths occurred from acute disease, and 12 from violent causes. 269 were native, and 118 foreign; of whom 73 came from Ireland; 6 died in the Immigrant Institution, and 34 in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

Feb'y. 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Measure of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°			
3d.	29.45	.30	59	46	73	5.5	8.5	S.W.	0 to 10	In.
4th.	29.60	.30	50	36	64	7	12	N.W.	3	
5th.	29.90	.30	45	36	50	7	12	"	3	
6th.	29.80	.40	23	16	40	6	9	"	3	
7th.	30.30	.70	18	9	28	4	6	"	0	
8th.	30.35	.40	24	8	40	4.5	6	S.E.	3	
9th.	29.40	.90	43	37	47	2.5	4	"	9	.75

REMARKS.—4th, very light rain a.m. with variable sky; clear p.m. 5th, sky variable all day. 6th, cloudy mid-day, very light rain p.m. 8th, cloudy p.m. Wind generally fresh the last six days of the week. 9th, rain storm from 10 a.m. till 5 p.m., slight aurora p.m.

MEDICAL DIARY OF THE WEEK.

Monday, Mar. 18.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Mar. 19.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Wednesday, Mar. 20.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Mott, half-past 1 P.M. ACADEMY OF MEDICINE, 7½ P.M.
Thursday, Mar. 21.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
Friday, Mar. 22.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Mar. 23.	{ BELLEVUE HOSPITAL, Dr. Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

COMMUNICATIONS have been received from:—

Alabama—Dr. E. CLARKE. Canada—Dr. A. M. ROSEBROUGH. Connecticut—Drs. W. W. WELCH, J. A. WARREN. Indiana—Dr. W. S. HENDRICKS. Iowa—Dr. E. J. FOUNTAIN. Kentucky—Dr. J. D. JACKSON. Michigan—Drs. Z. E. BLISS, N. D. STERBINS. New Hampshire—Drs. W. H. GRANT, N. E. LINDSEY, C. E. CLARK. New York—Drs. A. G. AVIET, M. BEVIER, E. P. BAKER, J. W. BEVIER, W. S. HOFFMAN, L. BRIGGS, J. V. P. QUACKENBUSH, G. A. OSTRANDER, N. H. DERING. North Carolina—Dr. C. F. DEWEY. Ohio—Drs. G. A. DOLEN, M. HAWES. Pennsylvania—Drs. S. S. RODGERS, C. FRIESCHROEN.

SPECIAL NOTICES.

ACADEMY OF MEDICINE.—Dr. GURDON BUCK will read a paper on an improved method of Treating Fractured Thigh, at the next meeting of the Academy of Medicine.

SECTION ON OBSTETRICS.—This Section will meet at the residence of the Chairman, Dr. ALFRED UNDERHILL, 44 East Twentieth street, March 18th, at 8 o'clock P. M. Subject for discussion: The Nature and Treatment of Whooping-cough.

LECTURES ON OPHTHALMIC MEDICINE.—Dr. GARRISH will deliver an Introductory to a Course of Lectures on Ophthalmic Medicine and Surgery, on Monday, March 18, at 3 P. M., at the Ophthalmic Hospital, No. 63 Third Avenue. The Profession and Students of Medicine are respectfully invited to attend.

KINGS COUNTY MEDICAL SOCIETY.—At the next regular meeting of the Medical Society of the County of Kings, to be held at their rooms in the Brooklyn Institute, in Washington street, on Tuesday, 19th inst., at 7½ P. M., Dr. JOHNSON will read a paper on Spinal Apoplexy.

Sent Free by Mail on Receipt of Price.

A Book about Doctors, by J. Cordy

Jefferson. 2 vols 8vo. London, 1861. \$6.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Seven Sisters of Sleep, a Popular

History of the Seven Prevailing Narcotics of the World, by M. G. Cooke. 12mo. London, 1860. \$2.35.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Diagrams of the Nerves of the

Human Body, exhibiting their Origin, Divisions, and Connections, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. \$4.87.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Acclimatation et Domestication des

Animaux utiles, par J. Geoffroy Saint-Hilaire. 8vo. Paris, 1861. \$2.35.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

A Paper on Diphtheria, read before

the New York Academy of Medicine, by Dr. J. Wynne, M.D., January, 1861. 8vo. 25 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

A Treatise on Fever; or, Selections

from a Course of Lectures on Fever, by R. D. Lyons, M.D. 8vo. London, 1861. \$3.87.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Forms, Complications, Causes,

Prevention, and Treatment of Consumption and Bronchitis, comprising also the Causes and Prevention of Scrofula, by James Copland, M.D. 8vo. London, 1861. \$3.87.

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do Iron reduced to Hydrogen.
do Official Chalk without odor.
do Dragees of Lactate of Iron.
do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
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COURCELLES—American Elixir.
CROSNIER—Syrup Mineral and Sulphurous.
do Pills of Iodide of Iron and of Quinine.
DAROLLES—Rum Punch.
DEGENETALS—Pectoral Paste.
do Syrup of Calf Lungs.
DEHAUT—Purgative Pills.
DELABARRE—Toothache Syrup.
DELANGRENIER—Nafe Paste.
do Syrup of Nafé.
do Cachou des Arabes.
DESBRIERES—Magnesia Chocolate.
DICQUEMARE—Melanogène (hair dye).
do Fixateur (for the hair).
DORVAULT—Horse Radish Syrup.
DUPONT—Regenerator.
do Anti-Glaireux Elixir of Guillie.
DUSOUD—Ferruginous Syrup.
EAU—De Melasse des Carmes.
ESPIC—Pectoral Fumigator.
FAYARD—Paper.
FLOU—Lenitive Syrup.
FORGET—Cough Syrup.
FRANK—Grains of Health.
GAFFARD—Granules of Digitaline.
do do of Atropine.
GARNIER LAMOUREUX—Sugar-Coated Pills.
GAUTIER-LACROZE—Syrup of Aconite.
do Balsam of Aconite.
GELIS & CONTE—Dragees of Lactate of Iron.
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do Anti-Gout or Oil of Horse.
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